FOR STATE HEALTH DEPT. 5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Department of CHealth or its designated agent, priar to burial, cremation, ar removal, and in any event within 72 haurs after death. delay is and 3 P.M3. form in pencil in Item 18. Give Pages 1, This certificate should be executed within 24 hours after death. the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with necessary, please execute the certificate, writing the ward "pending" TO DEPUTY MEDICAL EXAMINER:

0

VR A15ME 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 3247 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12249

			Jan. H	8 - Tele, Call	756	10/31/67	- mest			LUP	O IO	
a.	COUNTY	A-ACO.		MARÝL	AND	g. STATE	ENCE (Where		COUNTY	AC	)	on)
b.	CITY OR TOWN (	If outside corporate limit give nearest town)	s,	c. LENGTH OF STAY IN	lb	c. CITY OR TOW	N (If autside o	arparate limits, wr	ite RURAL and	give neares	st town)	
	GT s	n Burnie				1/200	relevis	_			0	1
d.	NAME OF HOSPIT	AL OR INSTITUTION (If n	ot in haspital, g	ive street address)		d. STREET ADDR	ESS Belha	ven Ave.			e. IS RESIL	
0.	0-M-N			- HOSP		7973	But	Kreizerk	berek,	EL-	YES	NO E
DI	AME OF ECEASED ype or print)		inst IAK	Middle Paul	1	n ders		ATE OF DEATH	Manth 10	2 7		or 67
S. SE	X	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		8. DATE OF BIRTH	1963	9. AGE (In ye		DER 1 YEAR		
	M	W	WIDOWED	DIVORCED		uly 26,	1867	411 birtho	yrs. Mant	hs Days	Haurs	Min.
		(Give kind af wark dane life, even if refired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE		eign country) e. Maryl		COUNTRY?		-
13. F	ATHER'S NAME					J4. MOTHER'S M	IAIDEN NAME					
	Pa	aul J. Ande	rson			Che	eryl Ar	ın Johnso	n			
	na, ar unknawn)	R IN U.S. ARMED FORCES? (If yes give wor or dates		OCIAL SECURITY NO.		NFORMANT			Address	Pas	aden	a,
	No				Par	il J. And	ierson	- 7973 I	selhave			Md.
		ATH (Enter anly one co IH WAS CAUSED BY:	use per line for I	(a), (b), and (c).)	9	-1					ERVAL BET	
		IMMEDIATE CAUSE	(a) - Zec	ulliple	1	June	2			De	P. C. C.	Sett II
1	8254	DUE	TO	/	//						u	
	Conditions, if ony, rise to immediate	e couse (a)	(p)		U							
S	stating the under		TO									
1	ast	)	(c)									
ATION	PART II, OTHER SIG	GNIFICANT CONDITIONS (	ONTRIBUTING TO	DEATH BUT NOT RELAT	TED TO 1	HE TERMINAL DISE	ASE CONDITION	GIVEN IN PART 1	(a)	1	WAS AUTO PERFORMI	PSY ED? NO 54
CERTIFICATION	20a. EXTERNAL CAI PRIMARY SOLOT COM CAUSE OF DEATH.	USE WAS NTRIBUTING []	20b. DES	CRIBE HOW INJURY OCC			jury in Part I	ar Part II of item 1	8.)			
1 1		JRY Manth, Day, Year	10d IN	JURY OCCURRED . 12		E OF INJURY (Han		20f. (City ar tay		(founds)		Cana.
MEDICAL	Hour an	0/	While at wark	Not While	facto	ary, street, affice ble	dg., etc.)	20f. (City ar tav	viii)	(County)		State)
	21. I certify	y that I taak charg	e of the rem	ains described abo	ive, he	ld an Autapsy	, ins	pection 4	Inquiry [	and	in my	apinion
	deoth result	ed from: Natur	al causes	, Accident Z,	Suici	de . Har	nicide .	Undetermine	ed manner			
		(2/15)	,			CHIEF N	MEDICAL EXAMI	NER				
	ACTUAL SIGNATURE	( ) funk	uld			M.D. ASSISTA	NT MEDICAL EX	(AMINER []		7	22. DATE	SIGNED
	EXAMINER'S NAME (Type)	E.LIN	hard	1		DEPUTY	MEDICAL EXAM	AINER (awn, ar county)	,	10/2/	7/6:	7
23a.	BURIAL, CREMATIO REMOVAL (Specify)	N, 23b. DATE TH		23c. NAME OF CEMETI				d. LOCATION (City Ritchie		(County		tote)
74	Burial FUNERAL DIRECTOR		7701	ADDRESS	VCII		. REC'D BY RI		b. REGISTRAR	-		
		Gonce-1:00	7 Ritah		07 44		TE OCT	3 0 1967	ille	are an	Louises	3.2
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FOR STATE HEALTH DEPT.

Juector. Page or your files. or your Boamerpi TO DEPUTY IN CAL EXAMINER: This certificate should be executed within 24 hours after death. It any please execute.

A should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained.

IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

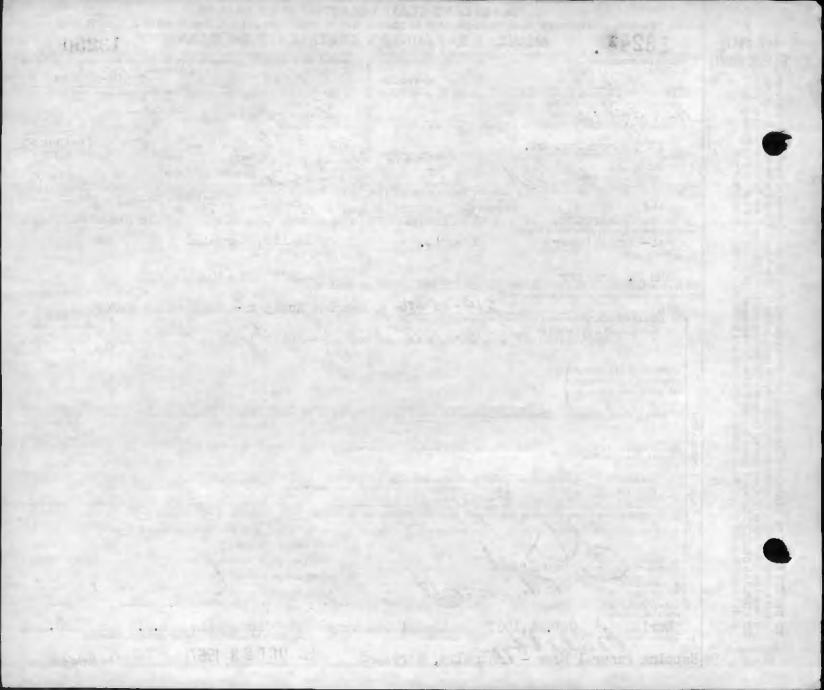
VS. A15ME SM 9/60

# MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MICAL RESEARCH AND RECORDS	, 301 W. PRESTON STREET, BALTIMORE 1,	MARYL
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	1325
	2 TIGHTEN PROTECTION AND Assessed lived If Inditation	. Pasidanca b

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, It Institution: Residence before edinission)
o. COUNTY A. A. CO MARYLAND	B. STATE IS D B. COUNTY ALLO
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
write RURAL and giva/nearest town)	C 10 mel
HUNDPOlis-	Uninfalls - men
d. NAME OF NOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  O. IS RESIDENCE ON A FARM?
1205 President St.	1200 Tresident of. YES NO
3. NAME OF First Middle AKA	Arm Hayer 4. DATE Month Day Year
(Type or print) Haward E.	ARMIGERST. DEATH 10 2/ 1967.
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
M WIDOWEDT DIVORCED	19083-1894 T3 yrs. Months Days Hours Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ret- bricklayer US Gov't,	Annapolis, Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John W: Armiger	Laura May King
	INFORMANT Address
(Yes, no, or unkown) (Ifyesgivewarordatesofservice)	10.
	atherine Armiger - same as #2 above
TB. CAUSE OF DEATH  Enter only one cause parline for (e), (b), end (c).] PART 1. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a) Chellerallera	si ferredigent
7500 DUE TO	Just.
Conditions, if any, which \ (b)	
gave risa to immediale cause	
(a), Maring the underlying	
causa last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PARI II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT INC	PERFORMED?
3	YES NO X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NO CONTRIBUTION TO BEATH BUT NO CONTRIBUTION TO CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTION CONTRIBUTION TO CAUSE OF DEATH.	Enter neture of injury in Pert I or Pert II of Item 18.)
	ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
Hour a.m. While Not While fact	tory, street, office bldg., etc.)
21. I certify that I took charge of the remains described above, he	eld an Autopsy , Inspection , Inquiry , and in my opinion
death resulted from: Natural causes . Accident . Suice	
dealth resulted from: / Hadding causes	
The state of the s	CHIEF MEDICAL EXAMINER
SIGNATURE / Trustend	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S	DEPUTY MEDICAL EXAMINER
NAME (Type) - h/Nh14KW	Address (Straet, city, town, or county)
22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify)	R CREMATORY 22d. LOCATION (City, town, or country) (State)
Burial Oct. 24, 1967 National Cen	
23. FUNERAL DIRECTION ADDRESS	240. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE
Hopping Funeral Home - Mnabolis, Marylan	nd DATE OCT 23 1967 Orlanda Jugar
maker and and the state of the	



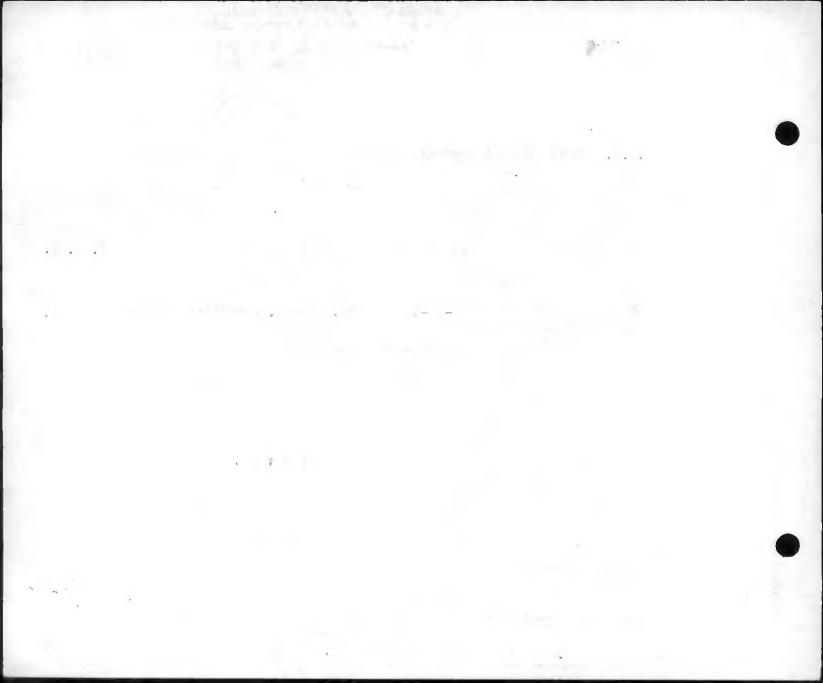
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	TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the	-	
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MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13251 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) write RURAL and give neorest town) \_ JURNI1d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENC ON A FARM? North Arundel General Hospital 503 YES NO 3. NAME OF 4. DATE Manth Year DECEASED OF DEATH 10 16 (Type or print) 19 S. SEX 6. COLOR/OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 2-22-93 last birthday) Manths Days Hours WIDOWED OIVORCEO 10a. USUAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U. S. A. during most of working life, even if retired) INDUSTRY Retired Foreman Construction Boston, Mass 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bartoline Unknown IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Glen Burnie (Yes, no er unknawn) (If yes give war ar dates af service 577-18-2448 Mrs. Gene I. Bartoline 503 Longwood Ave. INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per ling for (a), (b), and (c),) PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) wader DUE TO Conditions, if any, which gave rise to immediate cause (a). DUF TO stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY I or CONTRIBUTING I CAUSE OF OFATH. 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) Hour a.m. factory, street, affice bldg., etc.) Nat While at wark 21. I certify that I taak charge of the remains described above, held an Autopsy [ Inspection | and in my opinion death resulted from Natural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 23a. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) Baltimore, Maryland 10/19/67 Loudon Park Crematory 25b REGISTRAR'S SIGNATURE 25g. REC'D BY REGISTRAR 1967 Culle Tuneral /tome 237 Patapsco Ave.



3250

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS. CERTIFICATE OF DEATH

13252

V		LACE OF DEATH					2. USUAL RESIDENCE o. STATE	(Where deceased lived	d, if institution: Re-	sidence befor	e odmission)
1	ANNE ARUNDEL  b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b						MARYLAND ANNE ARUNDEL				RUNDEL
	Ь	. CITY OR TOWN (I	f outside corporate limi give negrest town)	ts,	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (If	outside corporate limit	s, write RURAL onc	give neores	t town)
		FT GEO C	MEADE		56 days		SEVERN				02-1
	d	NAME OF HOSPITA	AL OR INSTITUTION (If n	ot in hospitol,	give street address)		d. STREET ADDRESS				e IS RESIDENCE ON A FARM?
5			H ARMY HOS	PITAL			BOX 201				YES NO E
		IAME OF DECEASED		irst	Middle		sting	4. DATE OF	Month	Doy	
	(	Type or print)	I	EDITH	CATHRIN		BECK	DEATH	OCTOB		19 67
	S. S	Control of the contro	6. CDLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH	9. AGE	In years IF UN	DER I YEAR	IF UNDER 24 HRS.
	I	TEMALE	WHITE	WIDOWED	DIVORCED		21 APRIL 19	01 66%	Yrs.	ths Days	Hours Min.
	10o. durin	USUAL OCCUPATION ng most of working I House	(Give kind of work done ite, even if retired) wife		IND OF BUSINESS OR IDUSTRY None		11. BIRTHPLACE (Count	y & State, or foreign co	untry) I	2. CITIZEN DE COUNTRY? USA	
	13.	FATHER'S NAME		-			14. MOTHER'S MAIDEN				
	J	JNKNOWN					UNKNOWN				
	TS. (Yes	WAS DECEASED EVE , no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dates N/A	of service) 16.	SOCIAL SECURITY ND.		NFORMANT	me as ite	Address m #2		
		PART I. DEAT  151 X  Conditions, if ony, rise to immediate stoting the under lost.	which gove a couse (o), lying couse	(o) HEP. 10 CAR(b) 10 (c)	ATIC FAILUR	HE S	STOMACH WIT			ON	ERVAL BETWEEN SET AND DEATH  1 YR
1	CATIO				TO DEATH BUT NOT RELA						WAS AUTOPSY PERFORMED?
		200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, ND TIFY I	CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY OCC	URRED.	(Enter nature of injury in	Port I or Port II of i	tem 1B.)		
	MEDICAL	Hour 'o.m p.m	19	While of work	k Not While of work	focto	CE DF INJURY (Home, for ory, street, office bldg., et	L)	or town)	(County)	(State)
		say the de	y that¾) (this ha: ceased alive an 3	oitel) attended Octob	ded the deceased fi er 19 67, ar	rom_{ nd that	death accurred a	19.67, ta.3 t t.8:25 M, fran	causes and a	n the date	e stated abave
		220. SIGNATURE	(Ert)	- No	eleo_	M.D	111101	MED. DIRECTOR   1	22th	Octob	er 1967
1		PHYSICIAN'S NAME (Type)	HUBERT F.	EEHAN,	CPT,MC		22d. ADDRESS KIMBROUGH	ARMY HOS	P,FT GEO	G MEA	DE,MD
	23o.			EREOF	23c. NAME OF CEMET	ERY OR	CREMATORY .	23d. LOCATION	(City or Town)	(County)	(Stote)
1	34	REMOVAL (Specify)	6 Oct.	1967	Arlingtor	ı Na	tional Cen	. Fort M	vers.		Va.
		FUNERAL DIRECTOR	Funeral H	inme/	ADDRESS Glen Burni		2So. REC	D BY REGISTRAR	2Sb. REGISTRA	R'S SIGNATUR	Juge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletery filler in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye cerben, pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, ar remayal, and in any event, within 72 hours after again. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67

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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cample ofly filled i director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye calbar-popel director, page 3 should be detached for use as the burial-transit permit. Then please remave catbair por should be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within,

VR A15 (4) 25M 1/67

by the funeral

-		TONOT		CERTIFI	CATE OF DEATH		20,000
	0	PLACE OF DEATH OF COUNTY  TONE FIRE	NPEL	MARYI	a. STATE	(Where deceased lived, if institute) b. COU	ion: Residence befare admission)
0	51	CITY OR TOWN (If outside write RURAL and give ned in NAME OF HOSPITAL OR IN:	carporate limits, arest town)  A  STITUTION (If not in b	c. LENGTH OF STAY IN	d. STREET ADDRESS	2.	RAL and give nearest town)  e. IS RESIDENCE ON A FARM?
	3. N	NAME OF DECEASED Type or print) SEX 6. COLO	NELL.	Middle  Middle  MARRIED NEVER MARRIED	BLAIR  8. DATE OF BIRTH	4. DATE Man OF DEATH 9. AGE (In years	FUNDER I YEAR   IF UNDER 24 HRS.
	lurir	USUAL OCCUPATION (Give kinning most of working life, even the constant of the	d af wark dane if retired)	10b. KIND OF BUSINESS OR INDUSTRY	0	lost birthday) yrs.  hy & State, ar foreign cauntry)  ORE, MO:  N NAME  - HELE	Months Days Hours Min.  12. CITIZEN OF WHAT COUNTRY?
		WAS DECEASED EVER IN U.S. As, no, ar unknawn) (If yes giv	e war or dates of serv	16. SOCIAL SECURITY NO. 220 44 774	17. INFORMANT S	BLAIR Addr HOL AV-	
		Canditions, if ony, which grains to immediate cause (stating the underlying callest.	MEDIATE CAUSE (a)  DUE TO  Ove a), USE  (b)  DUE TO (c)	Carlinom metasta	ois to t	rectum un	ONSET AND DEATH
1	CERTIFICATION	PART II. OTHER SIGNIFICANT  20a. ACCIDENT WAS UNDERLY		BUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE ( CURRED. (Enter nature of injury)		19. WAS AUTOPSY PERFORMED? YES NO
		OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E	OF DEATH (XAMINER)		20e. PLACE OF INJURY (Home, fo		(County) (State)
	MEDICAL	Hour a.m. p.m.	19	White Nat White at work at work at work at work	factory, street, office bldg., e	tc.)	26, 19.67, that (I) (we) la:
	-	sow the deceased			nd that douth occurred o	at _ ; 73 M, fram cayses	and on the date stoted above
	-	22c. PHYSICIAN'S NAME (Type) MA	. 1	ushar SARS	M.D. PHYS. 22d. ADDRESS	DIRECTOR DISTAFF PHYS. [	10/26/67 1 st. Ballo
		BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE THEREOF 10/30/67		edral Cemetery		, , , , , , , , , , , , , , , , , , , ,
1	24.	FUNERAL DIRECTOR Witzke 410	1 Edmonds	on Ave. Balto	12.0	CT 3 0 1967	GISTRAR'S SIGNATURE

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13252

CERTIFICATE OF DEATH

2000	N		CERTIFICATE	UF DEATH		19904
	INE ARUNDEL		MARYLAND		Where deceased lived, if instit.  YIAND b. COL	ution Residence before odm ssion) UNITY ANNE ARUNDEL
b. CITY OR TOWN	(If outside corporate limit	s,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF or	utside corporate limits, write R	URAL and give nearest town)
FT GEO	ond give negrest town) G • MEADE		5 DAYS	FORT GI	EORGE G. MEADE	
d. NAME OF HOSE	PITAL OR INSTITUTION (IF n	ot in hospital, g	ive street oddress)	d STREET ADDRESS		e IS RES DENCE
	IGH ARMY HOS	PITAL		7832 HA	ARRIS LOOP	ON A FARM? YES NO
3 NAME OF DECEASED		irst	Middle	Lost	4. DATE Moi	
(Type or pnnt)	R	UTH	E.	BOKOR	DEATH OCTO	DBER 11 19 67
S SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR   IF JNDER 24 HRS.
FEMALE	CAU	WIDOWED	DIVORCED	7 APRIL 193	32 ost birthdoy) yrs.	Months Doys Hours Min.
100 USUAL OCCUPATION  during most of working	ON (G've kind of work done to life, even if retired)		ND OF BUSINESS OR DUSTRY	11 BIRTHPLACE (County	& State, or foreign country)	12 CT ZEN OF WHAT COUNTRY?
House	wife		None	Herne, G		Germany
13. FATHER S NAME				14 MOTHER'S MAIDEN		
Erich	Teigler			Elic Tag		
Yes, no, or unknown	VER IN U.S. ARMED FORCES? ) (If yes give wor of dotes in the control of the contr	of service)		informant (husbe	and) Add	ress +
	DEATH (Enter only one cos	ise per ne for		m. A. Dokolj	Bame as Iven	NTERVAL BETWEEN
	ATH WAS CAUSED BY		BREAST CARCING	OMA with LTV	TER METERITARE	ONETT AND STATE
1/5 X	IMMEDIATE CAUSE DUE	(0)	DIGERAL ONLOGIA	DAME WITOIL TOTAL	THE PROPERTY	
Conditions, if or	ny, which gave )					
rise to immedi	ote couse (o),	(b)				
stating the una	derlying couse	(c)				
PART II. OTHER	SIGNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT RELATED TO	THE TERM NAL DISEASE CO.	NDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES 24 NO
OR CONTRIBUTING	AS JNDERLYING  GC CAUSE OF DEATH Y MEDICAL EXAMINERS	20b DE	SCRIBE HOW INJURY OCCURRED	(Enter noture of injury in	Port 1 or Port II of Item 18)	
20c. TIME OF N	LURY Month, Doy, Year o.m. 19	20d N While at work	Not While I foot	CE OF INJURY (Home, form lory, street, office bldg, etc.		(County) (State)
21. I cert	tify that (A) (this has	pital) attend	led the deceased fram_	6 OCT	19 67 to 11 OCT	1967, that (IX (we) las
saw the	deceased alive an	11 OCT	19 <u>67</u> , and tha	t death accurred at	61.Hs A.M., fram causes	and an the date stated above
220 SIGNATUR		1. 7	int M	D PHYS	MED. STAFF DIRECTOR PHYS.	x 22b DATE SIGNED 1967
22c. PHYSICIAN NAME (Typ	GEORGE W.	LUTZ,CF	T,MC	KIMBROUGH	H ARMY HOSP, FI	GEO G MEADE, MD
23g BUR AL (REMA) REMOVAL (SOOT	ON, 236 DATE TH	ERFO!	234 NAME OF CEMETERY OR	CREMATORY CO	23d LOCATION (City or T	
24 FUNERAL DIRECT	OR A	101	ADDRESS A			REGISTRAR'S SIGNATURE
Himau	A JAN NOR	\$ 550/	1/ ACH POLYD, HE	EZ/MA DATEO C	CT 16 1967	Meanla Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withi≡ 24 haurs after death. Poge 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-trans t permit. Then please remove cordon papers. Pages and should be filed with the State Dept. of Health prior to burial, cremotian, or removal, and in any event within 77 hours ofter real VIII A15 (4) 25M 1/67



# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13253 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13255

1. PLACE OF DEATH a. COUNTY  1. PLACE OF DEATH a. COUNTY  AACO  MARYLAND  2. USUAL RESIDENCE (Where deceosed lived, if institution: a STATE MD  MARYLAND	: Residence before admission)
MARYLAND MARYLAND	ppeo
b CTY OR TOWN (If outs de corporate limits, write RURA.	
d NAME OF HOSPITA. OR INSTITUTION (If not in haspital give street address)   d STREET ADDRESS	e IS RES DENCE
3 NAME OF DECEASED Charales A: Kanala Month	Day Year 2-7 19-6-7
W.DOWED DIVORCED 3/15/1897 lost b Miday) W	Manths Days Haurs Min
W.DOWED DIVORCED 3//5 / 70 yrs  100 US_AL OCCUPATION (Give kind of work done during most of working life, even if retired)  Repair man  Repair man  Balto, Transit Co  Lancaster Co.Ve	12 CITIZEN OF WHAT COUNTRY?
E C E D C IN FAIRLY MAINE	
William Brewer    S WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   Address	TOF 01 2
PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a) MURILIAR MINERALE	NTERVAL BETWEEN OWSET AND DEATH
The base of the conditions, if any, which gave (b) (b)	The state of the s
	Elo Due divony
	19 WAS AUTOPSY PERFORMED? YES NO
### → OF THE PRIMARY LL OF CONTRIBUTING LL	
CAUSE OF DEATH  20c T ME OF INJURY Manth, Day, Year While at work of work of twork, street, affice bidg., etc.)  21. I certify that work charge of the remains described above, held an Autapsy . Inspection . Inquiry death resulted from . Matural causes . Accident . Suicide . Hamicide . Undetermined many.	(County) (State)
21. I certify that work charge of the remains described above, held an Autapsy, Inspection, Inquiry death resulted from Nature causes, Accident, Suicide, Hamicide, Undetermined months are suited from	
CHIEF MEDICAL EYAMINED	22. DATE SIGNED
Address (Street, city. town, of county)	10/27/67
23a BURIA, CREMATION, REMOVAL (Specify)  23b DATE THEREOF  23c NAME OF CEMETERY OR CREMATORY  23d LOCAT ON (City or Town)	
Burial ID-I-1967 Baltimore National Baltimore Maj  24 FUNERAL DIRECTOR  VR ALSME 15  VR ALSME 15  Walter Dabrowski TOO5 Dundalk Avenue RECT 30 1967 000	STRAR S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13256 MEDICAL EXAMINER'S CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH **b.** COUNTY o STATE o. COUNTY 2, and 3 to PM3. Page A A Co M.A.CO MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c CITY OR TOWN (If acts de corporate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) d STREET ADDRESS e IS RES DENCE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) ON A FARM? the certificate, writing the word "pending" in pencil in Item 18. Give Pages, 1, 4 should be forwarded to the Chief Medical Examiner's Office along with fant RFDS YES NO X Arondel. 3 NAME OF M-ddle DECEASED 28 10 19 DEATH YEAR 7 MARRIED T 9 AGE (In years 5 last birthdoy) IF UNDER 1F UNDER 24 HRS land 2 with S SEX 6. COLOR OR RACE Manths Hours DIVORCED WIDOWED 72 hours after death 12. CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) LCOUNTRY? INDUSTRY MATHLAND burial-transit permit. File pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Address ANNOPOLIS, Inc WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service HILDA M. Brondway event within E.S. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ANSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** duy Conditions, if any, which gove rise to immediate couse (a). DUE TO stoting the underlying couse burial, cremation, or removal, and 3 shauld be used as 19 WAS AUTOPSY PERFORMED? PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING ☐ CAUSE OF DEATH. 20b DESCRIBE HOW MURY OCCURRED (Enter noture of injury in Port or Part II of item 18) 20c T ME OF INJURY Month, Doy Year 20d NJURY OCCURRED 20f (City or fown) (State) foctory street, office b dg , etc ) While of work Not While of work be retained for your FUNERAL DIRECTOR: Page MD Pm 10128 196 2). I certify that I took charge of the remains described above, held on Autopsy ... Inspection Inquiry Inquiry I, and in my opinion Notural causes [ ], Acc dent [X], Undetermined monner funeral director. Suicide 🗍 Homic de deoth resulted from CHIEF MEDICAL EXAMINER th prior to ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAM NER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county AIALOIG -28-67 NAME (Type) NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) 230 BUR AL CREMAT ON 0 REMOVAL (Specify) ANNADOLIS NE LAWN 250 REC D BY REG STRAR UT 25b REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR VR A15ME DATE NOV 1 6M 1/67



VR A15

## MARYLAND STATE DEPARTMENT OF HEALTH

	MAKILAND SIAIE DEPARIMENT OF HEALTH
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN
4	CEPTIFICATE OF DEATH

		CERTIFICA	L OF PLATE	132	2517
1. PLACE OF DEATH			2. USUAL RESIDENCE (Where	deceased lived, It institution. Re	sidence before admission)
a. COUNTY	_7		a. STATE	b. COUNTY	1 7
b. CITY OR TOWN (if outs		MARYLAND	Maryland	anne arur	
write RURAL and give	nearast town)	c. LENGTH OF STAY IN 16	e. CITT OK IOWN (IT outside co	orporate limits, write RURAL end	g ve nearest town)
Millersvil	le		Odenton		62.
d. NAME OF HOSPITAL O	R INSTITUTION (if not in hos	pital, give street address)	d. STREET ADDRESS		. IS RESIDENCE
i hoow I Lord	Nursing Home		486 Holiday S	\$±.	ON A FARM?
3. NAME OF	First	Middle	Last 4. DATI		Day Year
DECEASED (Type or print)			OF		
	BERTHA		ROCKMAN , DEAT	oct. 1	41%7
5. SEX 6. 0	COLOR OR RACE 7. MARRIE	D NEVER MARRIED B	. DATE OF BIRTH	9. AGE (In years IF UNDER 1 Y	
Female C.	aus. WIDOWE	D X DIVORCED 7	lar. 23, 1890	777 yrs. Months D	ays Hours Min.
10a. USUAL OCCUPATION (	Give kind of work   10b, K		Y 11. BIRTHPLACE (County & State,	or foreign country)   12. CITIZ	EN OF WHAT COUNTRY!
done during most of working	life, even if retired)		G		
saleslady	De	ept. Store	Chicago, Ill.	USA	A
13. PATRIK'S NAME			14. MOTHER'S MAIDEN NAME		
August Rossr	ncker		Minnie Bauman		
15. WAS DECEASED EVER IN	U.S. ARMED FORCES?   16.	SOCIAL SECURITY NO. 17. I	NFORMANT	Address	~
(Yes, no, or unkown) (Ifyes g		20 07 (2714) 3	7 0 0	'0 1	
NO CAUSE OF DEAT	H [Entar only ona cause per 1	33-01-6914A1 EX	relyn R. Garbe- sa	me as #2 above	I INTERVAL BETWEEN
PART I. DEATH WA	(7)	·	1004	induse -	ONSET AND DEATH
	DIATÉ CAUSE (a)	riumalle	, went , us	TELLET T	_
416X	DUE TO WE	the cons	estine hear	it failure	
Conditions, if any, wh		Saletti.	Zano ditain	0	
gave risa to immediate cu	use	Lavually	prescring		_
(a), stating the underly	ring DUE TO				
cause last.	) (c)				
PART II. OTHER SIGN	VIFICANT CONDITIONS CON	ITRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEAS	SE CONDITION GIVEN IN PART 1	1(a) 19. WAS AUTOPSY PERFORMED?
4					YES NO DE
200 ACCIDENT WAS U	NDERLYING   20h. DES	CRIRE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Pr	art II of item IR.)	
PART II. OTHER SIGN  OF CONTRIBUTING C.	AUSE OF DEATH !	TOTAL TITOTAL DOCUMENT	or fried thanks of this bay in the control of	BYF II OI (IGII) 1849	
				- Posterior - John Company	
20c. TIME OF INJURY Hour a.m.	Month, Day, Year 20d. While		CE OF INJURY (Home, farm, 2Df. (Cory, street, office bldg., etc.)	City or town) (Count	fy) (State)
p.m.	19 at wor				
21 Legatifus that	(I) (this hospital) atten-	ded the deceased from	7-13, 1967	10-11-16	7 that (1) (we) last
saw the deceased a	slive on		death occurred affin AM, from	im the causes and on the	
22a SIGNATURE	12 1/2		ATTENDING MED.	STAFF 10 . +	22b. DATE SIGNED
1,010	ac pen	greger M	2000	PHYS. [ Cel.	5,1967
22c. PHYSICIAN'S			22d. ADDRESS		<b>V</b>
NAME (Type) B.A. I	De Guzman. D		204 S Cran mi	hway, Glen Gur	rnie Ed.
23a. BURIAL, CREMATION,		23c, NAME OF CEMETERY		CATION (City, town or county)	
REMOVAL (Specify)	10/10/10		2 1		
burial	10/0/			denton AnA.	
24 FUNERAL DIRECTOR'S SI	GNATURE) iralas	MODRESS	25a, REC'D BY REG	SISTRAR 256. REGISTRAR'S SH	GNATURE
HOPPING FUNE	RAL HOME - Ann	apolis./ld.	DATEUULL	1301	0 0



A E

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour Page 4 may be retained by the haspital or attending physician.

(M)		13256			CERTIF	ICATE	OF DEATH			132	58 7	7
i and er death		LACE OF DEATH	e Arundel		MARY	11	2. USUAL RESIDENCE (1 a. STATE Maj	Where deceased live	d, if institution b COUNTY	Residence be	fare admissian)	K
by the trages	Ь	CITY OR TOWN (	f outside corporate limits, give nearest town)  Burnie		C. LENGTH OF STAY IN	lb	c CITY OR TOWN (H or Balt:	itside corporate lim		ond give neo. 1218	rest town)	
rmpletely filled in By ve carban papers. Fac event, within 72 hours	đ		at or institution (if not the Arunde)				d street address K 3912 <b>200</b>	imble Ros	ad		e is residence on a farm? Yes \ no \_	_ Z
etely fil orban tt, with	3 N	IAME OF ECEASED Type or print)	Far Rol	bert	Middle M •		lost Brooks	4. DATE OF DEATH	Month Octob		oy Year 26, 19 67	7
i campl mave c	5 5		6. COLOR OR RACE White	7. MARRIED [ WIDOWED [	NEVER MARRIED DIVORCED		10-12-0	2   1951	birthday) 7	IF UNDER 1 YEA Months Doy		
signed by the attending physician and campletely filled burial-transit permit. Then please remave carban pat burial, crematian, ar remaval, and in any event, within	10o	USUAL OCCUPATION POST OF WORK ING	(Give kind of wark done life, even if retired) DALPMAN	10b. KINI Tel	o of Business or Ustry ephone C	o.	11. BIRTHPLACE (County Mary	land	ountry)	12 CIT ZEN COUNTR		
physio	13.	FATHER S NAME	Robert	M. Broo	ks		Clara B. Ball INFORMANT Address					
ttending ermit. T	1S. {Yes	WAS DECEASED EVE , na_or_unknown) NO	R IN U.S. ARMED FORCES? (If yes give war ar dates at	service) 16_50	OCIAL SECURITY NO. -050747		• Mildred	L. Brooks		(Sa	me)	
y the a		PART I DEAT	ATH (Enter only one cous H WAS CAUSED BY IMMEDIATE CAUSE (	01	o), (b), and (x)	_	Lai	live:			NTERVAL BETWEEN ONSET AND DEATH	
signed b burial-tro burial, cr		Conditions, if ony, rise to Immediat		10 Pr	ascin	17m	dores	(Ca	Ston	rak	*	
		stating the unde	lying couse	(c) 10	st up	rat	ing	alk	alo	25/	2 day	
TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be defached far use as the should be filed with the State Dept. af Health priar to	CATION	PART II. OTHER SI	GNIFICANT CONDITIONS CO	ONTRIBUTING TO	S H D	ATED TO THI	E TERMINAL DISEASE CO	NDITION GIVEN IN F	ART 1(a)		PERFORMED? YES NO	Þ
certifica hed far it. af He	IL CERTIFICATION	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	-	200 -		iter nature of injury in				, , , , , , , , , , , , , , , , , , ,	
<b>D FUNERAL DIRECTOR:</b> After this certical director, page 3 should be detached should be filed with the State Dept. at	MEDICAL	Haur a.r p.r	n. 19	While at work		factory	OF INJURY (Hame, farn y, street, office bldg , etc	)	or tawn)	(County)	(Stote)	
OR: Aft avid by the St		sow the d	<b>fy</b> that (I) (this hosp eceased alive on	oital), attenda	the deceased	fromC and that	death accurred of	19 <u>6'</u> /_, ta 	Oct., a m causes or	nd on the d	late stated abo	OS Ve
DIRECT Je 3 sh led with		22a. SIGNATURE		FA	Ivan	7 M.D.	ATTENDING PHYS 22d, ADDRESS	MED. DIRECTOR	STAFF PHYS.	22b. DATE SI 10/2	6/67.	
VERAL far, pag Id be fii		22c. PHYSICIAN'S NAME (Type	Dr. S		Alvarez		2 Crai				Burnie,	10
TO FUI direct shou		BURIAL, CREMATIC REMOVAL (Specify BUT 181	10/30/		23c. NAME OF CEME Loudon P				(City or Town	, Md.		
VR A15 (4) 20 M 1/66		funeral directo	. Ruck, Inc	. Balto		14	DAQ C	Ba By REGISTRAR 3 0 196	7 Dogece	TRAR SAIGNA	sugge	4



Thought I executed within 24 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours death. Page 4 may be retained by the hospital or attending physician.

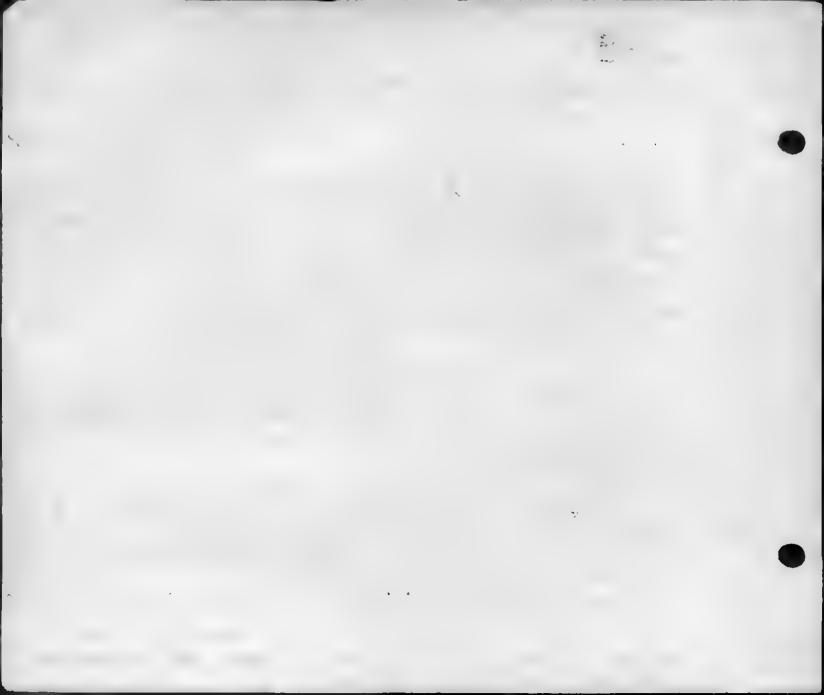
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers: Pages 1 and 2 be filled with the State Dept. of Health prior to burial, cremation, or removal, end in any event, within 72 bours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1	13254	CEKTIFICATE	OF DEATH		13260								
1	1. PLACE OF DEATH  •. COUNTY	1	2. USUAL RESIDENCE (Wh		Residence before admission								
ı	Anne Arundel	MARYLAND	Maryland	Baltimore	(City) /								
ı	b. CITY OR TOWN (if outside corporate limits, write RURAL and give necrest town)	E LENGTH OF STAY IN 16		corporete limits, write RURAL er									
ı	Jessup	4 Months	Baltimore										
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	ital, give street eddress)	d STREET ADDRESS		IS RESIDENCE ON A FARM?								
,,	Maryland House of Corn	rection	2008 E. No.	cth Avenue	YES NO								
1	3. NAME OF First DECEASED	Middle	Lust 4. D.F		Dey Year								
1	(Type or print) James			CATH October	17 19 67								
ı	5. SEX   6. COLOR OR RACE 7. MARRIED		DATE OF BIRTH	9. AGE (in years IF UNDER lest birthdey) Manths									
1	Male   Negro widowed	DIVORCED [ ]	uly 3, 1913	54 yrs. Months	Days Hours Min.								
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Ste	le, or foreign country)   12. Cl	TIZEN OF WHAT COUNTRY								
	Liborer-Hvy Constr St	eel-Constr.		Maryland Uni	ited States								
ı	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME										
ı	Edward Brown		Stella Chas										
ı	(Yes, no, or unknown)   (If yes give wer or detes of service)	SOCIAL SECURITY NO. 1 17. IN		Address									
ı	No No	or avaitatid	nstitutional	Records									
١	18. CAUSE OF DEATH (Enter only one cause per line				ONSET AND DEATH								
	IMMEDIATE CAUSE (a) OT OT	nary Thrombos	sr <del>z</del>	Appı	coximately_								
	T + " I DUE TO				Hours								
	Conditions, if any, which (b)	,											
1	(e), steting the underlying DUETO	(e), stelling the underlying DUETO											
	Cause lest, (c)	TRIBLITING TO DEATH BUT NOT	DELATED TO THE TERMINAL DIS	EASE CONDITION CIVEN IN BAL	T 1(a) 10 WAS AUTOPSY								
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(*) 19. WAS AUTOPSY PERFORMED? PROPORTED												
	200 ACCIDENT WAS UNDERLYING []   20b. DES		. (Enter nature of injury in Pert 1 c	r Pert II of item 18.)	YES NO								
I	OR CONTRIBUTING CAUSE OF DEATH	CHOC HOW WOOM, GOODING	, famous figures on collect, survivors of	, , , , , , , , , , , , , , , , , , , ,									
			E OF INJURY (Home, ferm, 20f.	(City or town) (Co	unty) (Stete)								
ı	Hour e.m. While el work												
	21. I certify that M (this hospital) attend	21. I certify that 1 (this hospital) attended the deceased from June 15, 1967, to Ctober 17 1967, that 1 (we) les											
	saw the deceased alive on OCTOber.	17.1967/and that c	teath occurred 6:50ar	from the causes and on									
	22a. SIGNATURE	1 - 11	ATTENDING MED,	STAFF	17, 1967								
	In and	M.D	PHYS. X DIRECTO		17, 1967								
	NAME (Type)  Jose M. Yosui	ico M D		alley Road, El	Taryland								
	23a. BURIAL, CREMATION, 23b DATE THEREOF	23c. NAME OF CEMETERY O		LOCATION (City, town or coun									
	EGMOVAL (Specify) 10-21-27	Mit loweren	- Portion	YS HOSTERM	1. mil								
	24 PUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. JEC'D BY I	REGISTRAR 256. REGISTRAR'S	SIGNATURE								
	Joseph Li Pun 2:	220 MARIE	are, DATE OFT	2 2 1967 00/	nela Dandas								

VR A15 (4) 20M 5-63



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #2a & b Film #CERTIFICATE within 24 homrs after death 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY lymits, write RURAL and give nearest town) (If autside corporate limits popers. e IS RES DENC (If not n haspital dive street address) d STREET ADDRESS ON A FARM? filed YES NO [ NAME OF Middle Day 2 Year 1 completely 2 DECEASED OF DEATH event. 19 5 (Type or print) OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed SEX 1 YEAR IF UNDER 24 HRS 6 COLOR OR RAGE 7 MARRIED NEVER MARRIED remove gthday) Manths Days Haurs and in any WIDOWED DIVORCED puo 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT INDUSTRY attending physician sermit. Then please MOTHER'S MAIDEN NAME burial, cremation, ar removal, Address WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO (Yes, na, ar unknown) (If yes give war ar dates at service signed by the c burial-tronsit po IB. CAUSE OF DEATH (Enter only one cause per line far (ti), (b), and (c).) INTERVAL BETWEEN IONSET, AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **O HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Poge 4 may be retained by the hospital or attending physician DUE TO Canditians, if any, which gave rise to immediate cause (a), **DUE TO** stating the underlying cause hos been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS ADMITTIBILITY OF DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN, IN PART 1(a) CERTIFICATION NO L this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dd INJURY OCCURRED 2De. PLACE OF INJURY (Hame, farm, 2Dc. TIME OF INJURY Month, Day, Year (City or town) (County) (State) Haur a.m. Nat While factory, street, affice blda, etc.) at wark **DIRECTOR:** After 19\_\_\_, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. to saw the deceased alive on. 220 SIGNATURE 22b. DATE SIGNED M.D. PHYS DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S O FUNERAL NAME (Type) LOCATION (City or Town) BURIAL CREMATION-23b. DATE THEREO 23c NAME OF CEMETERY OR CREMATORY > (County) (Stote 25a REC D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Misules Judge

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

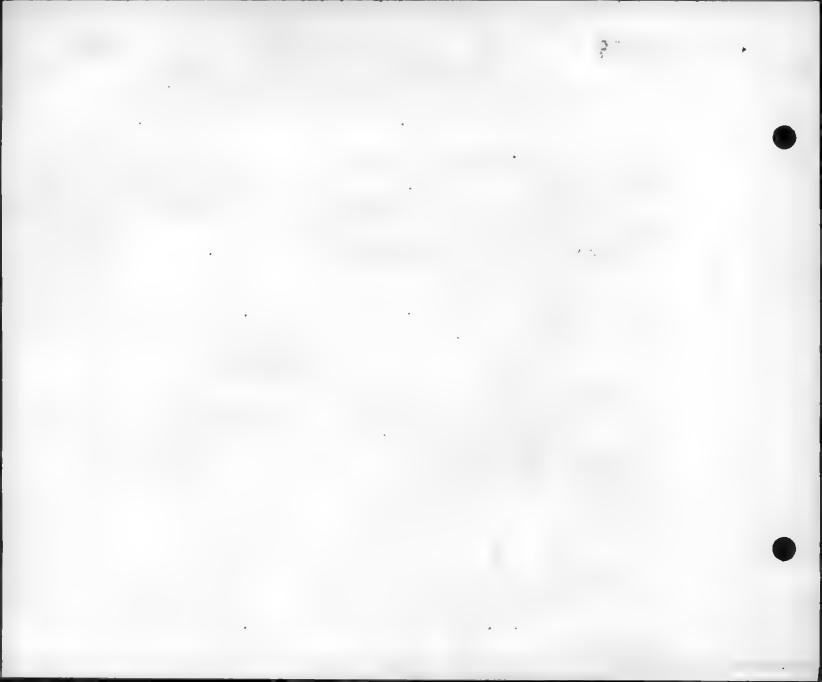
-1	3	2	5	S
49***	14,2	344	4.7	ч

### CERTIFICATE OF DEATH

13261

/ [	٠	AT 60 MILES														
	1. PLACE OF DEATH						2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)									
	(	Anne Ar	undel		MARYLAND Flaryland Anne Arund							rund	gl			
	į	LINNOT SO YES	c LENGTH OF STAY IN 1b C CITY OR TOWN (If outside corporate limits, write RURAL							IRAL ond gi	ond give nearest fown)					
	0	Flen Burn	give nearest town)		6 hrs.			Millersville (Elvaton Acees)							j	
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)							d STREET ADDRESS TO IS RESIDENCE							
4	NOT OIL WIGHT HOSP.						Box 274 Severn Rd.						ON A FARM? YES NO 🔀			
		NAME OF DECEASED	Fii	st		Middle		lost		4 DATI	E	Mon	Month Coy			ır
	(	(Type or print)	Charles			н.		Buckle	У	DEAT		10	/	5 ,	/ 196	1
	5 5	SEX	6. COLOR OR RACE	7. MARRIED	NE	EVER MARRIED		. DATE OF BIRTH			9 AGE	(In years	IF UNDER	R 1 YEAR Dovs	IF UNDER	24 HRS Min.
	I	Male	White	WIDOWED		DIVORCED		6/24/10			5	7 Yrs	MUIIIIIS	Doys	HOUIS	MIII.
			(Give kind of work done			JSINESS OR		11 BIRTHPLACE (	County	& Stote, or	foreign	country)			N OF WHAT	
		ng most of working PUCK— DE			OUSTRY	Trans	fer	Baltimore, Md. USA								
		FATHER S NAME				1 44 441 74		14. MOTHER'S MA						, ,		
		(unk	որար) Ցագ	clev					Mai	v l	Jhi t	е				
	15	MIRCOCCACCO SVCO IN H.C. ADMED CODCCCO. 14 COCCAS CECUDITY NO. 127						INFORMANT Address Same as								
	(Ye	es, no orunknown) (If yes give word dates of service) Unknown					Mrs								2	
							-		^	- /				INT	ERVAL BET	WEEN
	18 CAUSE OF DEATH (Enter only one couse per line fos (o), (b), and (c).) PART 1. DEATH WAS CAUSED BY:  OF THE PART 1. DEATH WAS CAUSED BY:  OF THE PART 1. DEATH WAS CAUSED BY:										ONSET AND DEATH					
	IMMEDIATE CAUSE (o) CULTURE (DUE TO COLOR OF THE CAUSE (DUE TO COLOR OF THE										, ,					
		Conditions, if ony, which gove ) (b) alet hy ocaratal hyperdia 24/100										2200				
		rise to immediat				,	<u></u>	4 4 4	0		-			.,	7 0	/
	storing the underlying couse (c) freehammer LLL										(	- 401	2			
	<u> </u>	PART II OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH	BUT HOT REL	ATED TO	HE TERMINAL DISEA	ISE COI	NDITION G	VEN IN	PART 1(o)		19.	WAS AUTO PERFORM	
l	ATI C		mi						Y	ESPER						
`	CERTIFICATION	200 ACCIDENT WAS UNDERLYING CAUSE OF DEATH  200 ACCIDENT WAS UNDERLYING CAUSE OF DEATH  200 ACCIDENT WAS UNDERLYING CAUSE OF DEATH  200 ACCIDENT WAS UNDERLYING CAUSE OF DEATH														
			MEDICAL EXAMINER)													
	MEDICAL	20c TIME OF INJU	JRY Month, Day, Year		JURY OC			E OF INJURY (Hom			. (Cih	or lown)	(0	ounty)	į	Stote)
	E.	Hour o.m.  While Not While of work of work														
		21. I certi	fy that (I) (this has	pital) attend	led the	deceased	fram_	10.5-		962	to	103			nat (i) (:	
			eceased alive on	10-7	5	1962	and tho	t death accurre	ed at	1000	M, fro	m causes	and on	the dat	e stated	l above.
		220. SIGNATURE	57 -2	2	///	1		ATTENDING		MED		STAFF _	22b	DATE SIGN	IED	1
		2//	). PHYS	V	DIRECTOR		PHYS.	1/6	7-6	101						
,		22c. PHYSICIÁN'S NAME (Type		/		/		22d. (ADDRES	S							
1		issuit (1) pe			/											
	230	BURIAL, CREMATIC	ON, 236. DATE THE	EREOF	23c. N	NAME OF CEME	TERY OR	CREMATORY				IN (City or To		(County	, ,	lote)
		REMOVAL (Specify	Oct.	9,1967			/en l	1emorial				Burn				
	24	FUNERAL DIRECTO	R=/)	Sinnl	etn	ADDRESS II FUITE	eral	Home 250	. REC	BY REGIS	STRAR 1	967 <sup>8</sup> R	EGISTRAR'S	SIGNATUI	2nd	el.
	6	2157	Corning	_			M	7 J DAT	re U	OI T	0 1	Opi	1	0.0	1 0	7

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. TO FUNETAL DIRICTOR After this certificate Nos New signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye garban papers. Pages 1 and should be filed with the State Dept. af Health prior to burial, crematian, or remayal, and in any event, within 72 hours after death. VR A15 41 20 M 1/60



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE HEALTH DEPT. necessary, please execute the certificate, writing the ward "pending" in pench in Item 18 Give Pages 1, 2, and 3 to the funeral director Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5, may be patriated for ware file. TO FUNERAL DIRECTOR: Page 3 shauld be used as a bur al-trans + permit. File pages I and 2 with the Sidte Department of

8434 Silve

10	€ 9 U	MED	ICAL EXAMINER	C2 CFK	HIFICATE O	F DEATH		40	202		
o. COUNT	F DEATH IY MACU		MARYLANI	0	STATE M D	Where deceased	b. cour	TY ( .	before admission)		
b CITY C	OR TOWN (foutside corporat RURAL and give nearest tow 2/0//5 ~ M	e limits, (n)	c LENGTH OF STAY IN 16	11	Y OR TOWN (IF OU	/	imits, write RUP	AL and give	neorest town)		
	OF HOSPITAL OR INSTITUTION		ive street address)	d ST	REET ADDRESS				e S RESIDENCE		
2	- ANNC A	RUNDEL-	general	1.	2 517 ma	color H	me l	le.	ON A FARM? YES NO		
3 NAME O	D	First	Midd e		lost	4 DATE	Mont	h	Doy Year		
(Type or	prn1) /4/	PAN	4	BURS	MCH	OF DEATH	10		1 1967		
S SEX	6 COLOR OR RA	CE / MARRIED	NEVER MARRIED	B. DATE	OF BIRTH	9 A	GE (In years ist birthdoy) yrs.	Months D	YEAR IF UNDER 24 HE Days Hours Mir		
	7 W	WIDOWED	DIVORCED [		17-12			anomin's	rdys 110013 Petil		
100 USUAL C	OCCUPATION (Give kind of world of working life, even if retired)	cdone 10b Kl	ND OF BUS NESS OR DUSTRY	n.	BIRTHPLACE (Stote	or foreign count	(γ)		EN OF WHAT		
Police	of working the even if retired)	u.s.	Capitol Po	lice		2. Illin	wis	u.	S. A.		
13. FATHER			,	14 /	NOTHER'S MAIDEN I	NAME					
	orge Bursach				Diana Ko	rach					
Yes, no, or u	CEASED EVER IN U.S. ARMED FO	RCES? 16. 5	SOCIAL SECURITY NO	7 INFORM			Meadow				
VE	5 Viet 1	VAM 46	es g	eorge	Bureach	Silver	Sprin	g, Mari	yland		
18. CA	USE OF DEATH (Enter only o ART I. DEATH WAS CAUSED 8	me couse per line for	(o), (b), and (c).)	muci					INTERVAL BETWEEN ONSET AND DEATH		
	PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (o)  DUE TO										
	Conditions if one which many 3										
	rise to immediate couse (a), (III)										
lost	stating the underlying couse 1										
PART I	PART LOTHER SIGN FRANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PERATED TO THE TERM NATIONS CONDITION GIVEN IN PART LIGHT										
200 EXTINCATION									PERFORMED?		
€ 20o E)	CTERNAL CAUSE WAS	20b DE	SCRIBE HOW INJURY OCCUR	RED (Enter r	oture of in ary in	Port I or Port II	of item 18)		, <u></u> y		
	PRIMARY & or CONTRIBUTING Cauto accelerate										
₹ 20c T	20r T ME OF INTIRY Month Day Year 20r INTIRY OCCURRED 20e P ACE OF INT. RY (Home form 20f (Gly or fown) (County)										
, de l	pm 10/1	1967 While	Not While of work	factory, stre	et, office bldg letc.)			171	aro ND		
21.	I certify that I taak				-	Inspection	√ Ingu	IIIV 🔀	and in my apini		
			, Accident .				termined m		7 25		
	0//-	_	1		CHIEF MEDICAL						
ACTUAI SIGNAT		rell		W.D.	ASSISTANT MED	ICAL EXAM NER	<b>_</b>		22 DATE SIGNE		
EXAMII	NER'S	/	//			L EXAMINER			1, 7		
NAME		IN WARD.	Z		Commercial Commercial Commercial	city, town, or c		10/	16/		
23c BURIA REMOV		TE 14987	23c NAME OF CEMETERY				ON (City or Tox	,	ounty) (State)		
1 ACCO AM	Kurial Onti	shop 7	Montrose Co	MOTORI	,	1 hicai	0 911	AMOAA			

256 REG STRAR'S SIGNATURE

1967

250 REC'D BY REGISTRAR
DAME OCT 5

VR A15ME (5) 6M 1 '67

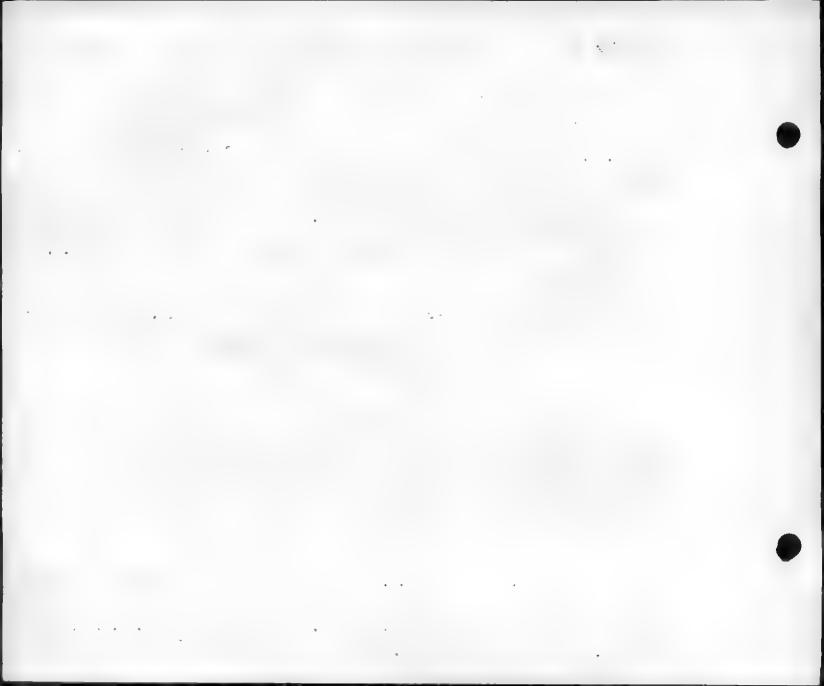
5 may be retained far yaur files

TO DEPUTY MEDICAL EXAMINER:

Health prior to bural, aremation, or removal, and a any event within 72 haurs after death.



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13268 13264 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY n STATE b. COUNTY Anne Arundel MARYLAND Marvland Anne Arundel by The Pages b CITY OR TOWN (If autside corparate limits, c CiTY OR TOWN (If outside corporate emits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 write RURAL and give nearest town) hours Arnold Annapolis e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS tely Thed YES -NO Anne Arundel General Hespital Rt. 3 Box 59 3 NAME OF Middle Lost 4. DATE remave carban DECEASED event, (Type or print) BYUS DEATH October IF UNDER 1 YEAR S. SEX 6 COLOR OR RACE NEVER MARRIED AGE (In years IF UNDER 24 HRS 7 MARRIED 8 DATE OF BIRTH Months lost birthdoy) Days Hours DIVORCED and in any WIDOWED Male White October 13 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME remayal, Allen F. IS WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dates of service) ь crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY ONSET AND DEATH .MMEDIATE CAUSE (a) DUE TO signed | burial to burial, Canditions, if any, which gave rise to immediate couse (o). DUE TO stating the underlying cause as the lost. 19. WAS AUTOPSY PERFORMED? 103 PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X curtificate 20o ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port Lior Port Liof term 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e PLACE OF INJURY (Hame, form 20c I.ME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) (Stote) Hour 'o.m. factory, street, office bldg., etc.) Not While of work ot work 21. I certify that (1) (this haspital) attended the deceased from 00+13 1967 to 1927, that (1) (we) last 19 6.7, and that death occurred at 12.40 M, fram sauses and an the date stated above. saw the deceased give on 12+13 TO FUNERAL DIRECTOR: 226. DATE SIGNED 220 DIRECTOR filed director, page, 22d ADDRESS 22c PHYSICIAN'S NAME (Type) 1411 Forest Dr. Annapolis. Md. Kopack, M. D. BURIAL CREMATION NAME OF CEMETERY OR CREMATORY FUNERAL DIRECTOR REGISTRAR'S SIGNATURE 25h VR A15 (4) 25M 1/67

hours after death.

law requires that the death certificate be executed

attending physician.

be retained by





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY P COUNTY Anne Amundel Maryland Anne Arundel MARYLAND c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURA, and give nearest town) b. CITY OR TOWN (If autside carparate limits, Write RURAL and give nearest town) Md. Glen Burnie, Md. 1 Hour d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) North Arundel Hospital 104 4th YES NO-NAME OF Middle Lost 4 DATE Manth DECEASED V. Agatha Caskev October, 67 (Type or print) DEATH IF UNDER I YEAR S SEX 8. DATE OF BIRTH AGE ( n years IF JNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) Hours Female White 5-9-86 WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during mast of working life, even if retired) INDUSTRY COUNTRY? Anne Arundel Co., 181. Housewife
13. FATHER'S NAME Own Home TSA 14 MOTHER'S MAIDEN NAME Henry J. Myers Elizabeth Wade 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no., or unknown) [(If yes give war ar dates af service 16. SOCIAL SECURITY NO 17. INFORMANT Address Mr. Gilbert Wood, same as 2 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY. INTERVAL BETWEET DUE TO Canditians, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause last. 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICATION NO 20g ACCIDENT WAS UNDERLYING [7] 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20k. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (State) (County) factory, street, affice bldg . etc.) Nat While 21 I certify that (I) (this haspital) attended the deceased fram 16.0ct. , 19<u>67</u> Ata 16 Oct. , 19<u>67</u>, that (I) (we) last saw the deceased glive an 16 October 1967, and that death accurred at 9:30 M, from causes and an the date stated above. 22a. SIGNATURE 22b DATE SIGNED MED DIRECTOR M.D. 22d. ADDRESS

The low requires that the deoth certificote be executed within remove carba ete ond in ony event, physicion o cremation, or removal, permit. signed by the buriol-transit p Page 4 moy be retained by the hospitol or ottending physicion. os the prior to hos been for use Health TO FUNERAL DIRECTOR: After this certificate detached director, page 3 VR A15 (4) 20 M 1/66

24 hours ofter deoth.

23h DATE THEREOF 23g BURIAL CREMATION REMOVAL (Specify) Burial 19 Oct.67 24 FUNERAL DIRECTOR

22c. PHYSICIAN'S NAME (Type)

Dr. C.R. MacDonald

Cedar Hill Cemetery

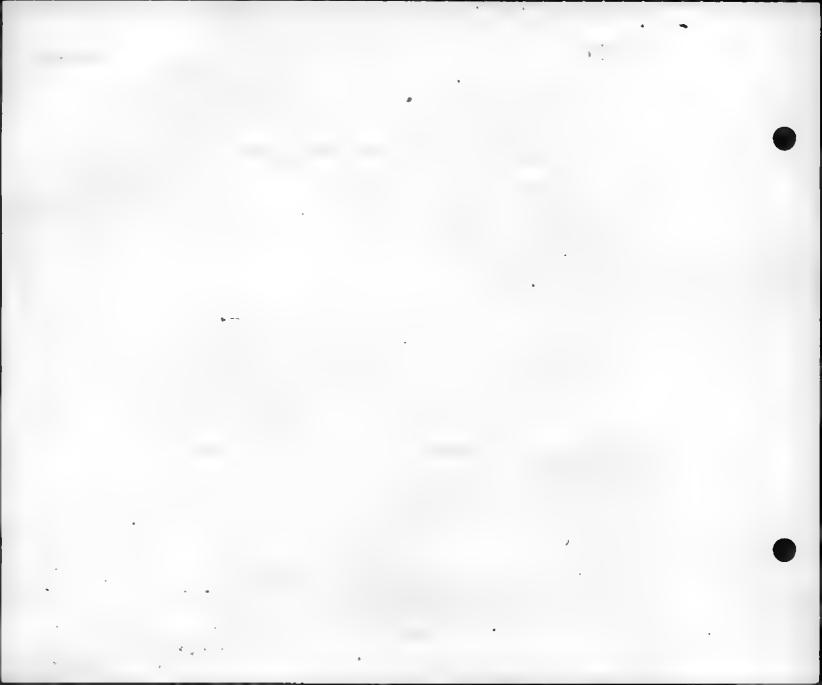
23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City or Town) Baltimore 25. laryland 2Sb REGISTRAR'S SIGNATURE

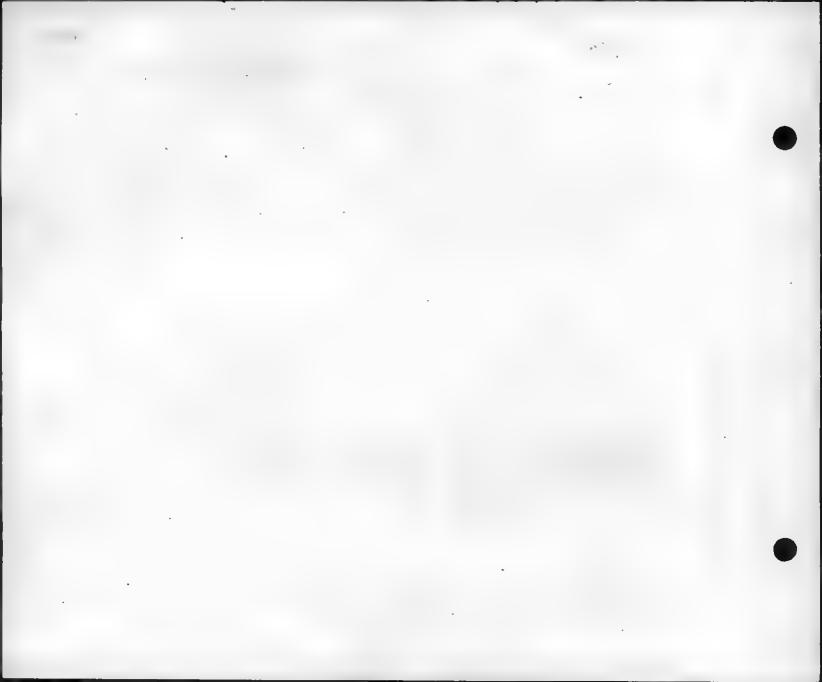
Kirkley Funeral Home, Glen Eurnie, Md.

250 REC'D BY REGISTRAR

P.O. Box 700, Glen Burnie, Md.



MARYLAND STATE DEPARTMENT OF HEALTH



Home

-/annapolis

Funeral

VR A15 (4 25M 1/67 250 RECD\_BY REGISTRAR

256 REGISTRAR'S SIGNATURE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13268 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAT HEALTH DE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o. COUNTY n STATE b. COUNTY Page MARY, AND artment b CITY OR TOWN (If outside corporate + mits C LENGTH OF STAY IN 16 c City OR TOWN (I outside copporate limits, write RURAL and give nearest town) 2, u. PM3. P and RURAL and gue nearest town) d NAME OF HOSP TAL OR INSTITUT ON (It not in hospital, give street oddress) d STREET ADDRESS S RESIDENCE ON A FARM? in Item 18. Give Pages 1, 72 hours NO.D This certificate should be executed within 24 haurs after death dang with NAME OF Midd e DATE Month Doy Year DECEASED W) within 10 196 (Type or print) DEATH 4 S SEX DATE OF BIRTH F UNDER 1 YEAR 5 COLOR OR RACE 7 MARRIED NEVER MARRIED AGE (In years FUNDER 24 HRS ₹ uthdoy) last Hours WIDOWED DIVORCED Off ce l and 2 event 1Do USUAL OCCUPATION (Give kind of work done 1Db KIND OF BUSINESS OR 12 CITIZEN OF WHAT (State or foreign country during most of working the, even if retired) COUNTRY? any HORSES LOCK

13. FATHER'S NAME the Chief Medical Examiner's pages MOTHER'S MALBEN NAME in pencil = George 를 and WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC AL SECURITY NO 17. INFORMANT AMORE Address remayal, (Yes, no, of unknown) [(If yes give war or dates of service CAUSE OF DEATH (Enter only one couse per lime for (o) (b) and (c) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: SET AND DEATH Б IMMEDIATE CAUSE (o) writing the ward burial, crematian, DUE TO Conditions, if ony, which gove (b) ţū rise to immediate couse (a), DUE TO 0 stoting the underlying couse forwarded GS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY CERTIFICATION PERFORMED? the certificate, NO CP pe I 0 4 shauld be 2Do EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of many in Port I or Port II of term 1B.) 3 should agent, priar PRIMARY I or CONTRIBUTING I AL EXAMINER: CAUSE OF DEATH MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De, PLACE OF INJURY (Home, form (City or town) (County) Hour o.m. factory, street, office bldg., etc.) While Not While may be retained far yaur FUNERAL DIRECTOR: Page of work ot work its designated 21 I certify that I taak-charge of the remains described above, held an Autapsy Inspection (4) and in my opinion the funeral director. Suicide 🗌 death resulted from Natural causes X Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER . SIGNATURE Q. DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health NAME (Type) Address (Street, city, town, or county) BURIAL CREMATION. NAME OF CEMETERY OR CREMATOR' 23d. LOCATION (City or Town) (County) (Stote) 0 REMOVAL (Specify) Steversvil. 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o COUNTY g STATE b COUNTY Page MARY, AND b CITY OR TOWN (I outside corporate limits, c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 1b write RURA, and give negrest town) NNODOLIS a NAME OF MOSPITAL OR INSTITUTION (finat in haspital give street address) d STREET ADDRESS e IS RES DENC ON A FARMS NO R This certificate should be executed within 24 haurs after death in Item 18. Give Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with 3. NAME OF DATE Month Year DECEASED File pages Land 2 with the OF (Type or print) DEATH S SEX 6 COLOR OR RACE IF JNDER + YEAR MARRIED DATE OF AGE (In years В last birthday) Manths Days in any event with a 72 haurs after death WIDOWED IDa USUAL OCCUPATION (Give kind of work done 1Db KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY **COUNTRY?** TRUCK pencil 13. FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT permit. I (Yes, no, or unknown) (If yes a ve war ar dotes of service 18 CAUSE OF DEATH (Enter only one cause per NIERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY-T AND DEATH IMMEDIATE CAUSE (a) ficate, writing the ward DUF TO Canditions, if any, which gave rise to immediate couse (a). **DUE TO** 0 stating the underlying cause oud as last. be used crematian, ar remaval, 19 WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART ((g) CERTIFICATION NO 20a EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of where in Part L or Part At at item 18.) 3 shauld files. CAUSE OF DEATH MEDICAL 20° PLACE OF INJUR 2Dx TIME OF INJURY Month Day, Year (City or town) Haur am factory, greet, all ce bldg etc.) Not While FUNERAL DIRECTOR: Page Page 4 gf wgrk 5 may be retained for y TO FUNERAL DIRECTOR:P Health prior to bur.al, a 21. I certify that Istaak charge of the remains described above, held an Autopsy of Inquiry L Inspection (\_ and in my opinion the funeral directar. death resulted from: Matural causes Suicide V. Accident Hamiciae Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAM NER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINERY** NAME (Type) Address (Street city town, or county) 23c NAME OF CEMETERY OR CREMATOR 23g BURIAL CREMATION REMOVAL (Specify) 6 24 FUNERA, DIRECTOR VR A15ME (5) 6M 1/67



# 400000 TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon pages. Pages 1 and should be filed with the State Dept of Health prior to burial, cremotian, or removal, and in any event, within 72 hours after destinated.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death.

Page 4 may be retained by the haspital or ottending physicion.

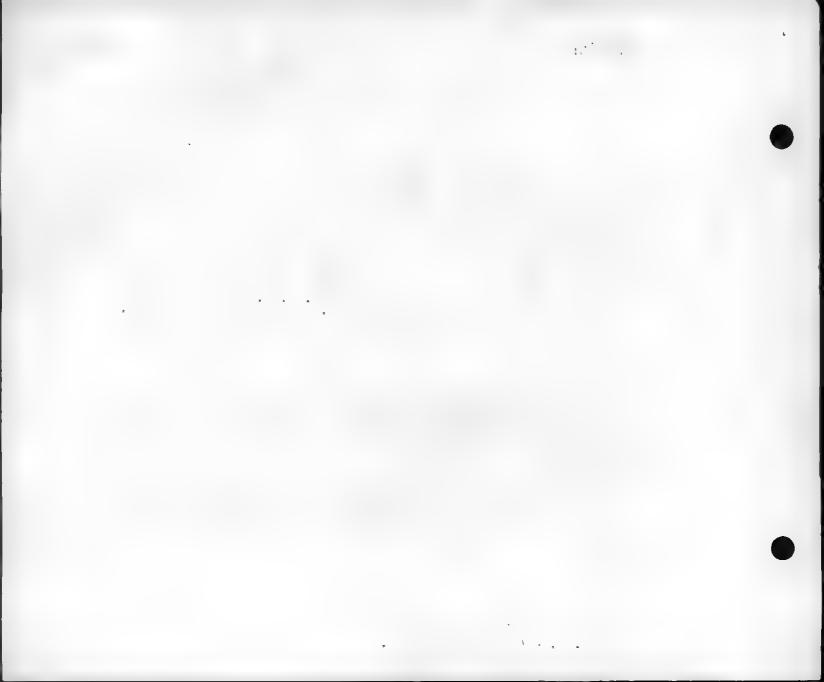
VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CEDTICICATE OF DEATH

1 つきフトツタ

	13230	CERTIFICATE	OF DEATH	THE PERSON OF TH					
	PLACE OF DEATH  G. COUNTY		2. USUAL RESIDENCE (Where deceased lived, if institution	M					
1	HANE HRUNDEL	MARYLAND	a. STATE 1/0. b. COUNT						
1	b. EITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURA	t and give nearest town)					
		4 months	HRNOLD	12 02/1071/21					
ı	d. NAME OF HOSPITAL OR INSTITUTION (If not in h	7 -	d STREET ADDRESS	e IS RESIDENCE ON A FARM?					
ı	NORTH HRUNDEL CON		RT1004 411	YES NO					
1	3 NAME OF First DECEASED (Type or pant)  First	Middle ,	Lost 4 DATE Month	Doy Year					
ł				IF UNDER 1 YEAR IF UNDER 24 HRS.					
1	11 01.11		Nov. 8, 1886 (Sh) yrs.	Manths Days Haurs Min					
	10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or fareign country)	12 CITIZEN OF WHAT COUNTRY?					
ł	13 FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
I	Late - Edward		Late Carrie						
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates af servi	16 SOCIAL SECURITY NO 17 11 100) 2/8-01-47-90 R	Mrs. G. M. Brubaker Address t. #1, Box 427, Arnold, M						
ľ	IB. CAUSE OF DEATH (Enter only one couse per PART I, DEATH WAS CAUSED BY.	line for (a), (b), and (c).)	ation Garage +	ONSET AND DEATH					
ŀ	IMMEDIATE CAUSE (a)	1) Lymp 46	stic carelina t						
ı	Canditions, if any, which gove (b)								
I	rise to immediate cause (a), DUE TO								
Ì	lost. (c)								
i	PART II OTHER SIGNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT RELATED TO TI	HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?					
١	11	5 14 1		YES NO					
	200 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour a.m.	20%, DESCRIBE HOW INJURY OCCURRED (	Enter nature of rejury in Part I ar Part II af Hem IB)						
	20c. TIME OF INJURY Month, Day, Year Hour a.m.		E OF INJURY (Home, form, street, affice bldg., etc.)	(County) (State)					
	21. I certify that (1) (this hospital) saw the deceased alive as	21. I certify that (1) (this hospital) gitended the deceased from 11, 19 11, 16) 10/12/6, 19, that (1) (we) last							
1	220. SIGNATURE	17 , drd mar		22b. DATE SIGNED ,					
1	1 1/1/1/1/1/1	) (Quilly M.D	ATTENDING MED.  PHYS DIRECTOR PHYS D	10/12/07					
	22c PHYSICANS NAME (Type)	3 RAWIREZ	22d ADDRESS 9521 ANN APOL						
	23a BURIA, CREMATION, 23b DATE THEREOF								
	REMOVAL (Specify) 10/16/								
	WLIZE F. D 4101	Edmonds on AV.	25e. REC'D BY REGISTRAR 25b. REGI	STRAR'S SIGNATURE					



FOR STATE

priment af

arty deloy is

necessory please execute the certificate, writing the word "panding" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director Page 4 should be forwarded to the Chief Medical Examiner's Office along with form, PM3 Page

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 Bours after death. If necessory please execute the certificate, writing the word "panding" in pencil in Item 18. Give Pages 5 may be retained far yaur fles
TO FUNERAL DIRECTOR: Page 3 should be used as buriol-transit permit file pages land 2 with the state Dep

Health prior to buriol, crematian, ar removal, and in any event within 72 hours ofter death.

	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH
1	PLACE OF DEATH O COUNTY M M. CO. Anne Arundel Co. MARYLAND	2 USUAL RESIDENCE (Where deceosed ved, f institution Residence before admission), o. STATE MD (COUNTY
	b. CITY OR TOWN (If outs de corporate limits, c. ENGTH OF STAY IN 16 write RURAL and give nearest lawn)	C (ITY OR TOWN III outside corporate limits, write RURAL and give nearest wn)
	d NAME OF HOSPIAL OR INSTITUTION (If not in hospital, give street oddress)  DO.A - Panne. Aron del general	d STREET ADDRESS 3210 Polar Ave.  3210 - Pulau OK 21227  9 IS RESIDENCE ON A FARMS YES \( \sum \) NO.
3	NAME OF DECEASED (Type or print) DONALD Lee	COALS Jr. OF DEATH 10 28 1967
S	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED	B DATE OF BRTH  10-28-39  9 AGE (In years left NODER 1 YEAR   IF UNDER 241  Manths Days Hours M  28 yrs
d	On USUAL OCCUPATION (Give kind of work done uring most of working lite, even if retired)  Express Agent  Bathers Name  Textures agent  Texture of the control of the contro	
L	Donald L. Coates, Sr.	14. MOTHER'S MAIDEN NAME Mary F. Baker
	Ves no ocumenount (If was give more or dates of service)	Mrs. Betsey S. Coates, 3210 Polar Ave. 21
	PART I DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) The stripped on the stripp	INTERVAL BETWEEN OMSET AND DEATH
	Conditions, if any, which gove (b)	1 received
	stating the underlying cause (c)	Lio was aurops
CATION	PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	PERFORMED? YES \NO
MEDICAL CERT F CATION	200 EXTERNAL CAUSE WAS PRIMARY STOR CONTRIBUTING □ CAUSE OF DEATH  200 DESCR BE HOW INJURY OCCURRENT CAUSE OF DEATH	(Enter notize of incry in Port or Part 1 of item 18)  — Cleceler &
MEDIC	pm 10 128 176   at wark L1 of work L5   1410	LACE OF INJURY (Home, form 20f. (City or town) (County) (State actory street office bldg, etc.)  A A County
	21 I certify that I took charge of the remains described above, I death resulted from Natural causes , Accident St.	cide, Hamic de, Undetermined manner
	ACTUAL SIGNATURE A heart	CHEE MEDICAL EXAMINER AND ASS STANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER
2	EXAMINER'S NAME (Type) 1= LIN hARD 1  30 BURIAL, CREMATION, 236 DATE THEREOE 230 NAME OF CEMETERY O	Address (Street city town, or county)
	Cremation 11/2/67 Loudon Park C	rematory Baltimore Md
	24 EUNERAL D.RECTOR Howard H. Hubbard, 4107 Wilkens Ave.	21229 250 RECD BY REGISTRAR 367 250 REGISTRAR S SIGNATURE

VR A 15ME 151



# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13273

FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPY.1	1 PLACE OF DEATH a. COUNTY A. A. COAnne Arundel  MARYLAND  2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) b (OUNTY AACO
5 S 3 5	b CITY OR TOWN (It outs de corporate limits, write RURAL and give nearest town)  write RURAL and give nearest town)  RURAL— Edge water  (ENGTH OF STAY IN 1b)  CENGTH OF STAY IN 1b)  CENGTH OF STAY IN 1b  CENGTH OF STAY IN 1b
any delo	A MAINT OF HOSDITAL OR A STITUTION (15 4 - 5 - 5 - 4 - 4 - 5 - 5 - 4 - 5 - 5
S O No	210 SILL - LANE  ON A FARM?  YES NO
2 2 E	3 NAME OF First Middle Last 4 DATE Manth Day Year OF Cole OF DEATH 10 76 1967
	S SEX  6. COLOR OR RACE  7. MARR ED  NEVER MARRIED  8. DATE OF BIRTH  9. AGE (In years   If UNDER 1 YEAR   IF JNDER 24 HRS    Never Married  DIVORCED  DIVORCED  Jan. 8. 1904  9. AGE (In years   If UNDER 1 YEAR   IF JNDER 24 HRS    Manths Days Haurs Min
hin 24 hours in them 18 niner's Office or parges lond 2 vorsaffer deoth	10a USUAL OCCUPATION (Give kind of work dane duning most of working life, even if retired)  10b KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
iner's in	Owner   Colie Mobile Homes   North Carolina   U.S.A.   13 FATHER'S NAME   14. MOTHER'S MAIDEN NAME
with your hours	Edward B. Colie Mattie White  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT 210 TADDIES 1 220
exmeuted within nding" in pencil Medical Exomini. Ple pmg within 72 hours	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes af service)  578-05-8158  17. INFORMANT 210 Jadges Lane Clarissa G. Colie Laurel, Maryland
d be exacuted "pending" i Chief Medical transit permit.	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)  ONSET AND DEATH
	43 F F DUE TO
(1)	Conditions, if ony, which gove (b) (b) DUE TO
certificate writing th rworded t seed os a	lost. (c)
This certifications, writing to be forworded in the used os a removal, and	PART II OTHER S.GNIFICANT COND.T.ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE COND T ON GIVEN IN PART 1(0)  19 WAS AUTOPSY PERFORMED? YES IND
	PERFORMED? YES NO EXTERNAL CAUSE WAS PRIMARY I or CONTRIBUTING CAUSE OF DEATH.  CAUSE OF DEATH.
EXAMINER: cute the cert age 4 should r your files. Page 3 shau cremation, o	20c. I.ME OF INJURY Manth, Day, Year Hour a.m. Pm. 19 At While of work of work
L EX.	21. I certify that I taak charge of the remains described above, held an Autapsy 🔲, Inspection 🗐, Inquiry 🗐, and in my apiniar
se exector Properties of the formula f	death resulted fram Matural causes , Accident , Suicide , Hamicide , Undetermined manner .
pleose I direct retaine I DIREC	ACTUAL SIGNATURE MD ASSISTANT MED CA. EXAMINER
o DEPUTY Incessory, plane funeral of may be refuneral of may be refunerable of may be refune	EXAMINER'S NAME (Type) E. L. NhAR &f. DEPLTY MEDICAL EXAM NER Address (Street, city, town or county) 10/26/67
necesso the fun 5 may 12 FINE Health	230 BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d .OCATION (City or Town) (Caunty) (State)
M	Burial, Oct. 30, 1967 Burtonsville Union Cem. Burtonsville Maryland  Oct. 30, 1967 Burtonsville Union Cem. Burtons
VR A15ME (5)	Warner E. Pumphrey, Inc. Silver Spring, Md. DANOV 2 1967 Charles Judge

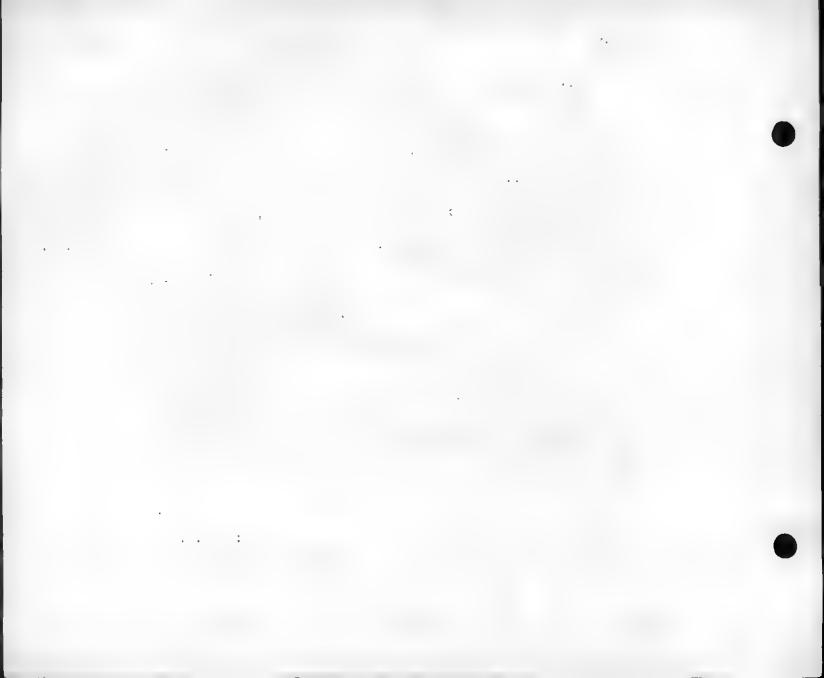


VR A15 (4) 25M 1/67

13273

CERTIFICATE OF DEATH

1	PLACE OF DEATH					2. USUAL RESIDENCE (V	Vhere deceose			lare admission)
	o. COUNTY	Anne Arundel		MARYL	AND	o. STATE Mary	land	b COUN		Arunde 1
	b CITY OR TOWN (	If outside corporate limits,		LENGTH OF STAY IN	l lb	c. CITY OR TOWN (If ou		e limits, write RUR	AL and give nea	rest town)
ı		d give neorest town)				Ar	napol	is		11.1
		AL OR INSTITUTION (If not in I	nospitol, give s	itreet address)		d STREET ADDRESS			<del></del>	e IS RES DENCE
	Ann	e Arundel Gen	eral Ho	ospital		415 Jet	ffersor	Street		ON A FARM?
3	NAME OF	First		Middle		Last	4 DATE	Month	D	oy Year
	(Type or print)	Ellen		Louise		COLLISON	DEATH	October	r 28	5 19 67
S	SEX	6. COLOR OR RACE 7. A	MARRIED	NEVER MARRIED		DATE OF BIRTH	9	AGE (In years lost birthday)	Months Doy	
	Female	White W	IDOWED D	DIVORCED		lanuary 29,1	1894	73 yrs.	Mollins Doy:	) HOURS MIII
	o USUAL OCCUPATION	(Give kind of work done	10b KIND O INDUSTI	F BUSINESS OR		11. BIRTHPLACE (County	& Stote, or fore	ign country)	12 CIT ZEN COUNTR	
un.	HOME		INDUST	FOME		COVE POIN	T. Mai	ryland	County	U.S.
13	EATHER'S NAME	-1101	ት	7		14 MOTHER'S MAIDEN N	NAME ,			
	JOHN	7. 1	REA	IDY		PHIZAB	ETH	BUD!	STER	
15		R IN U.S. ARMED FORCES? I(If yes give wor or dates of serv		L SECURITY NO	17	NFORMANT	1 // /	Addres		
(,	100				1-1	AMESW. C	obhis	ON	#2	
		EATH (Enter only one couse pe	r line for (o), (	(b), ond (c).)		10 - 1	- / /	1 P =		NTERVAL BETWEEN ONSEE AND DEATH
	raki i bta	IMMEDIATE CAUSE (o) _	(new)	moun	a;	youg he	arto	in un	2	ydays
		DUE TO	PO L	1 M			- 1			Solow
	rise to immedial	e rouse (a)	N.V	H						sucryp,
	stoting the unde		A87	211						Inter
	lost.	) (c) _	1100	10						10.00.
l s	PART II OTHER	GNIFICANT CONDITIONS CONTRI	BUTING TO DE	ATH BUT NOT RELA	TED TO T	HE TERMINAL DISEASE CON	ADITION GIVEN	I IN PART I(o)	1	PERFORMED?
18	N	luces n	rell	itua	_	- beve	22			YES NO
CERTIFICATION	/IF FITHER NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b DESCRIB	SE HOW INJURY OCC	CURRED (	Enter noture of injury in l	Port I or Port	ll of item 18)		<b>,</b>
MEDICAL	20c TIME OF INSE	URY Month, Doy, Yeor	20d INJURY			E OF INJURY (Home, form		(City or town)	(County)	(Stote)
翼	p.1	10	of work	Not While of work	1000	pry, street, office bldg , etc )	1/			
1	21. kcerti	fy that (I) (this hospital	- attended	the deceased f		mmhez, 1	9 <b>,00</b> , to	10/25		that (I) ( <del>cac</del> ) las
		eceased alive an 10	-XS	1900 /, 01	nd that	death accurred at	2 - 40 M	from causes a		ate stated above
	220 SIGNATURE	Or Wast.	011.	) /		ATTENDING	MED.	STAFF A	22b DATE SI	545 6 -
	22c PHYSICIAN'S	51 Vella	Jun	/	M.D	PHYS 22d ADDRESS	BIRECION L		T /U_	20-0
	NAME (Type)	)				TZU. HDDALIJ		'		
23	o BURIAL, CREMATIC	ON. 23b DATE THEREOF	1 27	BC NAME OF GEMET	ERY OR (	REMATORY	23d <b>/9</b> C	ATION (City or Tow	m) (Cour	nty) (State)
1	REMOVAL (Specify		7	Hillar	250	+-	40	1000	15	1-15.
2	4 FUNERAL DIRECTO	IR /		ADDRESS		n 2So. REC D	BY REG STRA	F# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	GISTRAR S S GNAT	TURĘ,
1	O-Kan Nol	Hay To T Se	2.1/1	Lucos	1. 1	DATE OI	CT 3 1	1967	War CA	O deside
3	1001	the state of the s	2 00	4	Y3./'	/- 1/	-			57



Replacement Certificate Film G397 2/5/68 kk

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13276

13274

FOR (S)

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death if any delay is

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, the funeral director. Page 4 should be farworded to the Chief Medical Examiner's Office along with farm

5 may be retained for your files.

Health prior to burial, cremation, or removal, and in any event within 72 hours offer death.

PM3 Page

in pencil in Item 18. Give Pages 1, 2, and 3 to

int of

Departm

### MEDICAL EYAMINED'S CERTIFICATE OF DEATH

D CHI OT YOUNG IT OUTSIDE OF COUNTY  ACTION OF TOWN IT OUTSIDE OPPOSITE WITH SHAPE OF STATE  AND CHARGE OF COUNTY  AND CHARGE OF COU	MEDICAL LAMININGS	CERTIFICATE OF PEATIT
D. C. P. C. TOWN, it is audited copporate into a company with a company in the Data and one personal terminal way and one personal way and one persona	I. PLACE OF DEATH o COUNTY	A STATE
WITE STAND OF HEATH CONTINUENCE (From In hospital) Grows street oddress)  d Admit of HOSPIR. Or RETURN OF First  Mode  DEATH  Lov  DEATH  DEAT		
d NAME OF HOSPITA, OR NSTITUTION (If not in hosp to I give street oddress)  AMAIR OF First   Mark	write RURAL and give segrest town)	H
NAME OF FIRST MADE OF THE PROPERTY OF THE PROP	d. NAME OF HOSPITA, OR INSTITUTION (If not in hospital give street address)	d STREET ADDRESS   e IS RESIDENCE
DECASED (Type or pint)  SEX 6 COLOR OR RACE 7 MAPPIED   NEVER MARRIED 8 B DATE OF SETH 9 AGE (In years 100 to 100	D.O.A-Anne Mean del. general.	12/1-134108 YES NOW
Comparison   Com		Or
OUSCULA DECLARATION (Cove kind of each cone ring mest of working bit, even of retired)    10 KIND OF BUSINESS OR   11. BIRTHPLACE (State or foreign country)   12 CITIZEN OF WHAT COUNTRY?   13 KINDUSTRY   13 KINDUSTRY   14 MOTHERS MAIDEN NAME    WAS DECLASED EVER IN U.S. ARMED FORCES?   16 SOCIAL SECURITY NO   17 INFORMANT   Address   18. CAUSE OF DEATH (Either only one couse per line for (o) (o) and (d)   PART I DEATH WAS CAUSED BY: (a)   MINITERVAL BETWEEN   MINITER	(Type or prnt) Leilliam	UDU P 9 DEATH 10 25 1961
DIVORCE DIVORCE STANDA (Cove kand of work alone ing most of working big, even if retried)  10. SIND DISTRY  11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?  13. MAS DECEASED EVER IN US ARMED FORCES?  14. MOTHER'S MADEN NAME  14. MOTHER'S MADEN NAME  15. CAUSE OF DEATH (Enter only one couse per line for (o) (b) and (c))  PART I DEATH WAS CAUSED BY:  18. CAUSE OF DEATH (Enter only one couse per line for (o) (b) and (c))  PART I DEATH WAS CAUSED BY:  19. CAUSE OF DEATH (Enter only one couse per line for (o) (b) and (c))  PART I DEATH WAS CAUSED BY:  19. CAUSE OF DEATH (Enter only one couse per line for (o) (b) and (c))  PART I DEATH WAS CAUSED BY:  19. CAUSE OF DEATH (Enter only one couse per line for (o) (b) and (c))  PART I DEATH WAS CAUSED BY:  19. CONDITIONS (ONE BUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I (o)  19. WAS AUTOPS'  PERIORARY OF CONTRIBUTING OR CONTRIBUTING OR COUNTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR COUNTRIBUTING OR CONTRIBUTING OR COUNTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR COUNTRIBUTING OR	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	B DATE OF BIRTH 9 AGE (In years IF_NDER 1 YEAR F UNDER 24 HRS
FATHER'S NAME  FATHER'S NAME  IF ATHER'S NAME  IF A MOTHER'S MAIDEN  IF	M WIDOWED DIVORCED	8-9-47 yrs.
FATHER'S NAME	during most of working life, even if retired \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	MAC 1 COUNTRY?
It yes give wor or dotes of service	13 FATHER S NAME	14 MOTHER'S MAIDEN NAME
It yes give wor or dotes of service	11111	, and
18. CAUSE OF DEATH (Enter only one couse per line for (o) (b) and (c) PART I DEATH WAS CAUSE BY:    IMMEDIATE CAUSE (o)   PART I DEATH WAS CAUSE BY:   IMMEDIATE CAUSE (o)   DUE TO		NFORMANT Address
18. CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (c))  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gove itse to immediate couse (a). Storing the underlying couse  [c)  PART II OTHER SIGNIF CANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(a)  PART III OTHER SIGNIF CANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(a)  206. EXTERNAL CAUSE WAS PRIMARY Sor CONTRIBUTING CASS OF DEATH.  207. TIME OF BUILDY Morn, Doy Year How or contribution work of wo	(Yes, no, or unknown) (If yes give wor or dotes of service)	Minn T Fluis Kill MI-
PART I DEATH WAS CAUSE OF SY.  IMMEDIATE (AUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate cause (o).  PART III OTHER SIGNIF CANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART II(o)  PART III OTHER SIGNIF CANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART II(o)  PART III OTHER SIGNIF CANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART II(o)  PART III OTHER SIGNIF CANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART II(o)  PART III OTHER SIGNIF CANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART II(o)  PART III OTHER SIGNIF CANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART II(o)  PART III OTHER SIGNIF CANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART II(o)  PART III OTHER SIGNIF CANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART II(o)  PART III OTHER SIGNIF CANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART II(o)  PART II OTHER SIGNIF CANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART II(o)  PART II OTHER SIGNIF CANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART II(o)  PART II OTHER SIGNIF CANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART II(o)  PROTOCOL TO THE TERM NAL DISEASE CONDITION GIVEN IN PART II(o)  PART II OTHER SIGNIF CANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART II(o)  PART II OTHER SIGNIF CANT CONDITION GIVEN IN PART II(o)  PART II OTHER SIGNIF CANT CONDITION GOVERNED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART II(o)  PART	18. CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (c))	INTERVAL BETWEEN
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TISE TO Immediate cause (a).  PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART II(a)  PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART II(a)  19 WAS AUTOPSY PERFORMED?  YES NO DESCRIBE HOW INJURY OCCURRED (Enter not, re of injury in Part I or Part I of item 18.)  Cause strucks for Contributing to Death 18.  200. EXTERNAL CAUSE WAS PRIMARY Service (Enter not, re of injury in Part I or Part I of item 18.)  Cause strucks for Countributing Countributing Countributing to Describe Countributing Coun	Conditions of any which mays 3	
PART II OTHER SIGNIF CANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(o)  19 WAS AUTOPSY PERFORMED?  200. EXTERNAL CAUSE WAS PRIMARY 3GO CONTRIBUTING GOVERNOUS CONTRIBUTION CONTRIB	rise to immediate couse (a), ( Dus 70	
PART II OTHER SIGNIF CANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(o)  19 WAS AUTOPSY PERFORMED? YES NO PERFORMED.  10 DEPLITY MODITION OF PORT L of Itam 18 )  COLUMN STORY (Home time, 201 (City or town) (County) (Stote)  ACTUAL SIGNATURE  ACTUAL SIGNATURE  ACTUAL SIGNATURE  ACTUAL SIGNATURE  EXAMINER'S NAME Type)  10 DEPLITY MEDICA. EXAMINER  DEPUTY MEDICA. EXAMINER  ACTUAL SIGNATURE  DEPUTY MEDICA. EXAMINER  ACTUAL SIGNATURE  DEPUTY MEDICA. EXAMINER  ACTUAL SIGNATURE  ACTUAL SIGNATURE SIGNATURE  ACTUAL SIGNATURE SIGNATUR		
200. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING CA.ST OF DEATH.  200. TIME OF INJURY Month, Doy Year  201. Letrify that , tack charge of the remains described above, held an Autapsy, Inspection, inquiry and in my opinion death resulted from Natural causes, Accident Suicide, Homic de, Undetermined manner  21. Letrify that , tack charge of the remains described above, held an Autapsy, Inspection, inquiry and in my opinion death resulted from Natural causes, Accident Suicide, Homic de, Undetermined manner	PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	PERFORMED?
PRIMARY SCO CONTRIBUTING CALSE OF DEATH.  20c TIME OF INJURY Month, Boy Year How on Death County Month, Boy Year How on Death County Month, Boy Year While Not While of work o	200. EXTERNAL CAUSE WAS PRIMARY 3 CO. CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	
20c TIME OF INJURY Month, Doy Year    20c Time OF INJURY Month, Doy Year   20c INRY OCCURRED   20c PLACE OF INJURY (home drm, foctory, greet, office bldg, etc.)   4 According to death resulted from Natural causes   Accident   Suicide   Home drm, foctory, greet, office bldg, etc.)   Accident   According to death resulted from Natural causes   Accident   Suicide   Homic de   Undetermined manner	PRIMARY SO CONTRIBUTING   206 DESCRIBE HOW INJURY OCCURRED	
21. I certify that . tack charge of the remains described above, held an Autapsy, Inspection, inquiry and in my opinion death resulted from Natural causes, Accident, Suicide, Homicide, Undetermined manner, CHEF MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, Address (Street, city town or county), County, ADDRESS, 250_ REGISTRAR, 250_ REGISTRAR S. SIGNATURE		
21. I certify that , tack charge of the remains described above, held an Autapsy, Inspection, inquiry and in my opinion death resulted from Natural causes, Accident Suicide, Homic de, Undetermined manner CHEF MEDICAL EXAMINER 22. DATE SIGNED SIGNATURE ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED	How on 10/28 1967 While of work of work	ory, greet, office bldg, etc.)  AACO MO
death resulted from Natural causes   Accident   Suicide   Homic de   Undetermined manner    ACTUAL SIGNATURE   ASSISTANT MEDICAL EXAMINER    EXAMINER'S   DEPUTY MEDICAL EXAMINER    Address (Street, city town or county)   -26 -6    Address (Street, city town or county)   Stote)    ADDRESS   250 REC D BY REGISTRAR   250 REGISTRAR   25	21. I certify that , taak charge of the remains described above, he	an Autapsy , Inspection , inquiry and in my opinion
ACTUAL SIGNATURE  EXAMINER'S MAME Type)  DEPUTY MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  Address (Street, city town or county)  REMOVAL (Specify)  ADDRESS  ADDRESS  22. DATE SIGNED  22. DATE SIGNED  22. DATE SIGNED  22. DATE SIGNED  23. DATE SIGNED  24. DEPUTY MEDICAL EXAMINER  Address (Street, city town or county)  24. FUNERAL DIRECTOR  ADDRESS  25. REGISTRAR S SIGNATURE		
SIGNATURE  EXAMINER'S NAME (Type)  DEPUTY MEDICAL EXAMINER  Address (Street, city town or county)  Address (Street, city town or county)  REMOVA. (Specify)  ADDRESS  236 NAME OF CEMETERY OR CREMATORY  ADDRESS  250 REC D BY REGISTRAR 2 SIGNATURE	806	
EXAMINER'S NAME (Type)  G. BURIA, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d 10 ATION (Clyp or Town, (County))  REMOVA_(Specify)  4 FUNERA_ DIRECTOR 25b REGISTRAR 2 SIGNATURE		M.D. ASSISTANT MEDICAL EXAMINER
DE BURIA. CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d 10'ATION (City of Town, (County) 15tote)  AFMOVA. (Specify) 7 ADDRESS 250 REC D BY REGISTRAR S SIGNATURE	EXAMINER'S	DEPUTY MEDICA, EXAMINER
ADDRESS 250 REC D BY REGISTRAR 2 SIGNATURE	APPLICATE OF THE PROPERTY OF T	CREMATORY 23d 10/4TION (City or Town, (County) (State)
1 /1 / 14 prinopal rama paris W / paris V / maria viela	1 /1 1 TO Emoral Homes Appapapaile	

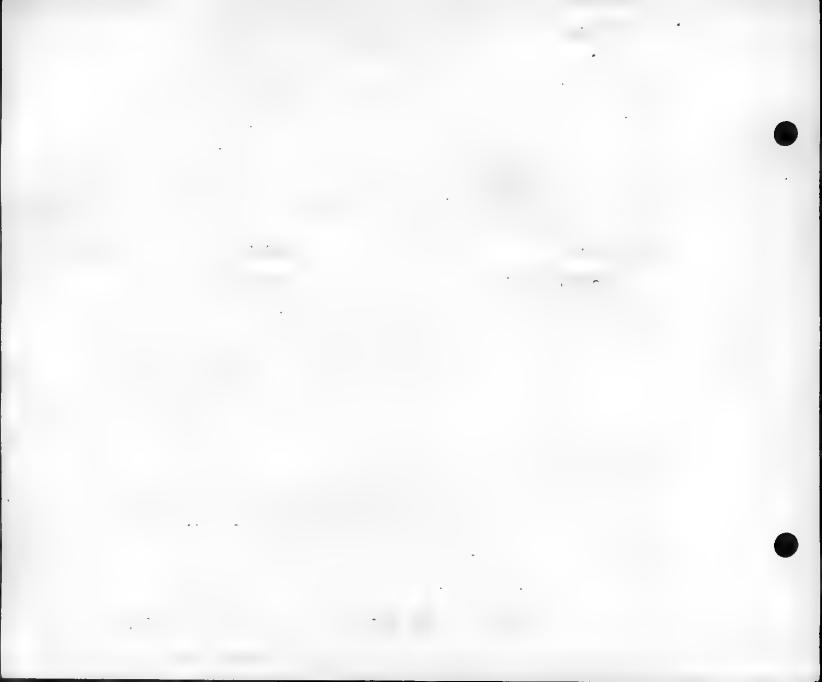
VR A15ME (5) 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REALTH DEP 2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) PLACE OF DEATH o. COUNTY p. STATE b. COUNTY Anne Arundel Maryland MARY, AND b (ITY OR TOWN (f outside corporate limits, write RURAL and give negrest town)

Brooklyn Park c LENGTH OF STAY IN 16 c City OR TOWN (If outside corporate limits, write RURA, and give nearest town) and Brooklyn Park d NAME OF HOSPITAL OR INSTITUTION (if not in hospito, give street address) d STREET ADDRESS e IS RES DENCE ON A FARM? 4501 Belle Grove Road 4501 Belle Grove Road NO 3 NAME OF Midd e Lost DATE Day DECEASED ERMON ERMAN DAVIS October 23 (Type or print) DEATH 67 and 2 with t S SEX B DATE OF BERTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED lost birthdoy)
55yrs Months Dovs 6/6/12 72 hours after death WIDOWED DIVORCED Male White IDo, USUA, OCC. PATION (Give kind of work done 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10b KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY? Truck Driver
13 FATHER S NAME TISA Virginia
14 MOTHER'S MATOEN NAME This certificate shauld be executed within Morgan S Davis

15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes no, or unknown) (Ilf yes give wor or dotes of service) Allie Lane 1 ≘ 16 SOCIAL SECUR TY NO 17 INFORMANT Address pending ir ef Medical within No Family 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).) INTERVAL BETWEE ward 'per the Chief ! burial-transit any event PART I DEATH WAS CAUSED BY ONSET AND DEATH Gunshot Wound of Chest IMMEDIATE CAUSE (o) DHE TO Conditions, if ony, which gove rise to immediate couse (o), .= DUE TO stoting the underlying couse 19 WAS AUTOPSY PERFORMED? removal. PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM MAL DISEASE CONDITION GIVEN IN PART 1(0) the certificate, NO X 200. EXTERNAL CAUSE WAS PR MARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) shauld CAUSE OF DEATH Shot self in chest cremation, MEDICAL 20c. TIME OF INJURY Month, Day, Year Hour XXX 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) foctory, street, off.ce bldg., etc.) Not While While FUNERAL DIRECTOR: Page ot work Anne Arundel, Md. 10/23 1967 10:30 pm. at work 2). I certify that I took charge of the remains described above, held an Autopsy ... Inspection X Inquiry , and in my apinion death resulted from Noturol couses Suicide X Undetermined manner Accident Hom cide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MED CAL EXAMINER XX SIGNATURE funeral DEPUTY MEDICAL EXAM NER 10/24/67 **EXAMINER'S** Werner U. Spitz, eath NAME (Type) Address (Street, city, town, or county) the 23c NAME OF CEMETERY OR CREMATORY 23o BURIAL CREMATION. 235 DATE THEREOF 23d LOCATION (City or Town) (County) 2 10/27/67 Glen Haven Cem Glen Burnie Md ADDRESS 250 REC'D BY REG STRAR 25h REGISTRAR S S GNATURE VR ATSMIL S 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13278 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. CDUNTY b. CDUNTY Maryland Anne Arundel Anne Arundel MARYLAND b CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) c. CITY DR TOWN (If outside carparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 RURAL - Annapolis 3 hr. 50 min. law requires that the death certificate be executed within 24 hour Annapolis d. NAME OF HOSP-TAL OR INSTITUTION (If not a haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Box-242, Cape St. Claire Anne Arundel General Hospital YES NO XX 3 NAME OF Middle Lost 4 DATE DECEASED DE GRAW October 19 67 Charles (Type or print) Henry DEATH S SEX 6 COLDR DR RACE 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR F. NDFR 74 HRS 7 MARRIED **NEVER MARRIED** birthday) Months Hours WIDDWFD DIVDRCED June 8, 1905 White Male 10a USUAL OCCUPATION (Give kind of work done 106 KIND, OF BUSINESS DR 11. BIRTHPLACE (County & Stote, or foreign country) 12 CIT ZEN DE WHAT CDUNTRY? Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ar remayal, INFORMANT IS WAS DECEASED EVER IN U. S. ARMED EDRCES? 16 SDC A. SECURITY ND Address (Yes, no. offunkthown) Iff was give war or dates of service crematian, CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: DISET AND DEATH Cerebral hemorrhage, right IMMEDIATE CAUSE (o) .... hours DUE TO Canditions, if any, which gove Arteriosclerosis, cerebral rise ta immediate couse (a), DUE TO stating the underlying cause PART I OTHER SIGNIFICANT (DNDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF PART 1(6) WAS AUTDP PERFORMED? YES KX Pulmonary edema, hypertension 20o. ACC DENT WAS UNDERLYING [ 20b DESCRIBE HDW INJURY DCCURRED (Enter noture of mury in Port I or Port II of tem 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY DCCURRED 20e PLACE OF INJURY (Hame form (City or town) 20c TIME DF INJURY Month, Doy, Year (County) (Stote) Hour om factory, street, office b dg , etc.) 21 | certify that (I) (buckespand) attended the deceased from Oct. 24, 1967, to Oct. 24, 1967, that (I) (Dec) last Oct. 24. 19 67, and that death accurred at saw the deceased alive an M, from causes and on the date stated above 22b DATE SIGNED 22o. SIGNATU DIRECTOR Oct. 24, 1967 director, page shauld be filed 22d ADDRESS Charles Kinzer BY MXX REPRESENT XXX PARKET 16 Murray Ave., Annapolis, Md. 23C NAME OF CEMETERY DR CREMATORY BURIAL CREMATION 23b DATE THEREOF 2 DIRECTOR VR A15 (4) 25M 1/67





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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO SOSTITAL OR RITERIAL PRYTICIAN: The lam requires that the death certificate he executed within 24 lours after leath Page 4 may be retained by the hospital or attending physician.

VR A15 44 2DM 1/65

	MARYLAND STATE DEPARTMENT OF HEALTH	
ON OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET,	
2	CERTIFICATE OF DEATH	13280

1.	PLACE OF DEATH 8. COUNTY			2. USUAL RESIDENC	E (Where deceased lived, If Institution: F	Residence before admission)
_	Anne Arundel		MARYLAND	Marv	and Anno	Arundel
	b. CITY OR TOWN (if outside cor write RURAL and give neares)		GTH OF STAY IN 15	c. CITY OR TOWN (If	outside corporate limits, write RURAL	and give nearest town)
_	d. NAME OF HOSPITAL OR INSTITU	vn	years	Rural	L - Brooklyn	\$ ,
			give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	123 W. Hilltop				V. Hilltop Rd	YES NO X
3.	NAME OF OFGEASED	First	Middle	Last	4. DATE Month	Day Year
-5	(Type or print) SEX   6, COLOR OR R	MARION		ESAU TELS	DEATH October	2 1957
٠.	Female White		CK WHIKKIED [	B. DATE OF BIRTH	9. AGE (In years If UNDER last birthday) Months	Days Hours Min.
10:	. USUAL OCCUPATION (Give kind of	WIDOWED Work done + 10h KIND OF B	DIVORCED	Oct. 28, 190	7 59 yrs.	ITIZEN OF WHAT
dŭi	ing most of working life, even if re	etired) INDUSTRY	OSINESS OR	II. BIRI HPLACE (GD	country & State, or foreign country)	OUNTRY?
13	Housewife FATHER'S NAME			Vermo		U.S.
10.				14. MUTHER'S MAID	EN NAME	
15	Charles Labo . WAS DECEASED EVER IN U.S. ARME	ounty	SECURITY NO. 1 17.	Minni INFORMANT		
(Ŷŧ	es, no, or unkown) (If yes give war or d	ates of service)			Address	
-	No.	1212-34		eodore C. De	esautels - same	
	18. CAUSE OF DEATH [Enter online PART I. DEATH WAS CAUSE]		a), (b), and (c).]	P 1.		ONSET AND DEATH
	IMMEDIATE CA	IUSE (a) YUM	nonery	Edma		
		DUE TO	· VII	1. 1		
	Conditions, if any, which gave rise to immediate	(b) Conjert	w. , the	muline -	Juralina	
	cause (a), stating the cause last,	DUE TO	molin .	· D. 12	melletin	
No.	PART II. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO	DEATH BUT NOT BELA	TED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART 1(0)	119. WAS AUTÓPSY
CERTIFICATION	Dealuty	millitus	· Genera	ling orli	in golover	PERFORMED? YES NO
	2Da. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EX	G [] 20b. DESCRIBI DEATH (AMINER)	E HOW 'INJURY OCCU	RRED. (Enter nature of	injury in Part I or Part II of Item 18	.)
MEDICAL	20c. TIME OF INJURY Month, D	Day, Year   20d. INJURY O		CE OF INJURY (Home, fai	rm, 20f. (City or town) (Cou	inty) (State)
MED.	Hour a.m.		While Work	ry, street, office bidg., et	(G.)	
-	21. I certify that (I) (this			19		, that (I) (we) last
	saw the deceased alive on				45/M, from the causes and on t	
	22a. SIGNATURE	11.11			22b. D	ATE SIGNED
	Longe	achier	M,D	PHYS.	PIRECTOR PHYS. 10	1-3-67
	22c. PHYSICIAN'S () NAME (Type)	HEBER	A	1665 N	rerrett Blist	Belle MD
23a	. BURIAL, CREMATION, 23b. DA	ATE THEREOF 23c.	NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or con	unty) (State)
	Burial 10-	5-1967 He	oly Cross	Cometery	Ritchie Houry A	A.Co. Md.
	FUNERAL DIRECTOR	A	LDDRESS	25a. REC	D BY REGISTRAR 25b. TREGISTRAR	'S SIGNATURE
G€	eorge J. Gonce-40	Ol Kitchie Hg	wy., Bal tim	ore DC	5 1967 geliance	Judge
	<del> </del>					





TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67

13282

	PLACE OF DEATH					2. USUAL RESIDENCE	(Where deceosed	lived, if institution	Residence before	ore admission)
	o. COUNTY	ne Arundel		MARYL	VND	o, STATE		b. COUNTY		
_	b. CITY OR TOWN (	f outside corporate limit give nearest town)	ıts,	C LENGTH OF STAY IN		CCITY OR TOWN (If o	ryland outside corporate l	limits, write RURAL	and give neare	est town)
	Crownsv	ille		4 yrs	ŀ	Bal	Ltimore			
		AL OR INSTITUTION (If r				d. STREET ADDRESS				e IS RESIDENCE ON A FARM?
	Crownsv	ille State	Hospita	<u></u>		505 W.	Biddle	Street		YES 🔲 NO 🗔
	NAME OF	2////	ırst	Middle		Lost	4. DATE OF	Month	Do	Year Year
	(Type or print)	YORK )M	ary	L.		Dubois	DEATH	10_	22	1967
5	ZEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED	□   <sup>8</sup>	DATE OF BIRTH	9 A		Onths Dovs	HOURS Min.
	Female	N	WIDDWED [	DIVORCED		1/31/89	7		Chillis Doks	110012 Will.
l Oo duri	. USUAL OCCUPATION ing most of working	(Give kind of work done life, even if retired)		OF BUSINESS OR USTRY		11 BIRTHPLACE (County			12 CITIZEN C	
13.	Domestic FATHER'S NAME	Work				Prince Ec	Ward Co	unty, VA	US/	1
	Unkn	OT TO								
15		R IN U.S. ARMED FORCES	2 16.50	CIAL SECURITY NO	17 IN	Unknow  FORMANT	m	Address		
		(If yes give wor or dotes	of service)						2.5	
_		ATH (Enter only one co		known		spital Reco	oras, Cr	ownsville		TERVAL BETWEEN
		TH WAS CALISED BY								NSET ANO DEATH
	7100				TG GS	ardio vascu	Har dis	ease		
	Conditions, if ony,		W 444	tension.						
	rise to immediat	e couse (n)		alized Ar	terio	sclerosis				
	stoting the under		E TO							
	ost		(c)							
Z	PART II DTHER SIE	SNIFICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT NOT RELA	TED TO TH	IE TERMINAL DISEASE (O	INDITION GIVEN II	PART 1(o)	19	WAS AUTOPSY
A .	Chroni	c Brain Sv	mdrome:	diahetes	1170	mia			,	PERFORMED?
EKIIFIC	200 ACCIDENT WAS OR CONTRIBUTING	UNDERLYING  CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY OCC	URRED (E	nter noture of injury in	Port I or Port II	of Hem 18)		<u> </u>
AL.		MEDICAL EXAMINER)	1 00 ( 100	IDV DVC IDDCD	00 01 1 55	OF MAINING SA	3 001 15			
Ē	Hour on		While o	JRY DCCJRRED  Not While		OF INJURY (Home, for y, street, office bldg, etc		ity or town)	(County)	(State)
2	pn		ot work	ot work						
		ly that (I) (this ho					19 <u>_63</u> , ta_	10/22/	., 1967, tl	hat (I) (we) las
		ceosed alive op_	_10/22	( ) OI , OI	nd that	death accurred at	10:15M, fi	ram causes and	I an the da	te stated obove
	220 SIGNATURE	[/	/	1/4		ATTENDING -	MED P	STAFF	22b OATE SIGI	NED
		ML	uni	7	M.D	PHYS.	OIRECTOR IN	PHYS.	10/23	1/67
	22c PHYSICIAN'S	V	1988			22d. ADDRESS				
	NAME (Type)	L. Benedi	ct, M.D.			Crownsvi	lle Star	te Hospit	al, Ma	ryland
230	BURIAL (REMATIO REMOVAL (Specify)		IEREOF	23c NAME OF CEMET	ERY OR CE	REMATORY	23d GOSAT	ION (City or Town)	(County	y) (State)
	URIAL	10.0	1-67	M). ,	4ut	URN	D,	9/40		Ma.
24	FUNERAL DIRECTOR		- 110	ADORESS	4.1	1 0	CT 30		RAR'S SIGNATU	
1	LORYON	J Dyct	( /	1 hAu	CEN	S OATE	0100	1967 gc	learles	Index



### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

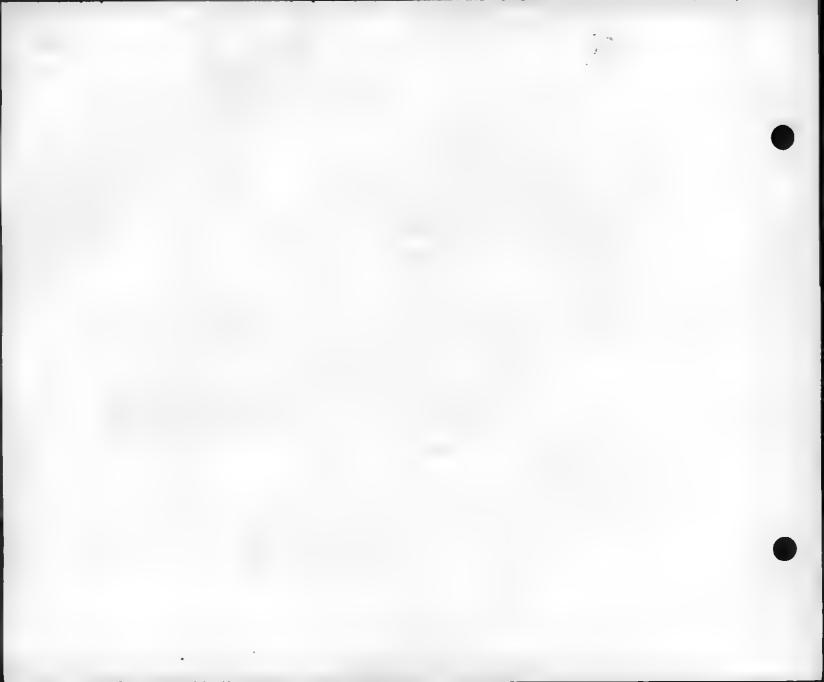
Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

## CERTIFICATE OF DEATH

13283

		PLACE OF DEATH a. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) a. STATE  MARYLAND
1	ŀ	b CITY OR TOWN (If outside corporate limits I FINGTH OF STAY IN th. CITY OR TOWN (If outside corporate limits were RIPR) and have peopled town)
		write RURAL and give nearest town) 57 Margarets
	(	d NAME OF HOSPITAL OR INSTITUTION (If not an haspital, give street address)  d STREET ADDRESS  e IS RESIDENCE ON A FARM? YES \ NO
	- (	NAME OF DECEASED (Type or print)  NAME OF DEATH OCT 18 ) 1967
	7	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED   8 DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24H)  Manths Days Hours Mi
	duri	JSUAL OCCUPATION (Give kind of work done in Disk KIND OF BUSINESS OR in BIRTHPLACE (County & State, or foreign country)  10 kind of Business OR in Birthplace (County & State, or foreign country)  11 BIRTHPLACE (County & State, or foreign country)  12 CT ZEN OF WHAT COUNTRY 2. A.
	13	FATHER'S NAME CARSON  TOHN DURN, CATHERINE CARSON
		WAS DECEASED EVER IN S ARMED FORCES? s, na, ar unknawn) (If yes give war ar dates af service) 213- 21-02884 BEFTHAE. DURIN FRANCE.
		18 CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)  PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)
		Conditions, if any, which gove (b)  Coronary orchurors  (b)  (coronary orchurors
		stoting the underlying cause (c) Certariosclerotre Cardiovarcalar Diesan
?	CATION	PART .I OTHER SIGNIFICANT CONDITIONS CONTR BUT.NG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19 WAS AUTOPSY PERFORMED?  YES NO
	CERT F	20a ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	MEDICAL	20c. TIME OF .N.JRY Manth, Day, Year 20d NJURY OCCURRED 20e PLACE OF INJURY (Hame, farm. 4 Haur a.m. 4 While at wark of work of work 19 at wark
	ĺ	2). I certify that (·) (this haspital) attended the deceased fram, 19, ta, 19, that (I) (we)
		saw the deceased alive an19, and that death accurred atM, from causes and on the date stated abo
		220. SIGNATURE X ay In Smith MD PHYS MED. STAFF 22b. DATE SIGNED Cot 7.0 1967
		22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS
		BURIA_ (REMATION, REMOVAL (Specify)  10/21/6?  23c NAME OF CEMETERY OR CREMATORY  COLORY)  COLORY)  (State)  C'PN BURIA. T. A.C.
	24	FUNERAL DIRECTOR  ADDRESS  ADD
	1	TO NOTONE TO KING QUE KNOW A NOTO 15/10   DATE UUI 43 1001 KNOW VANDER VANDER



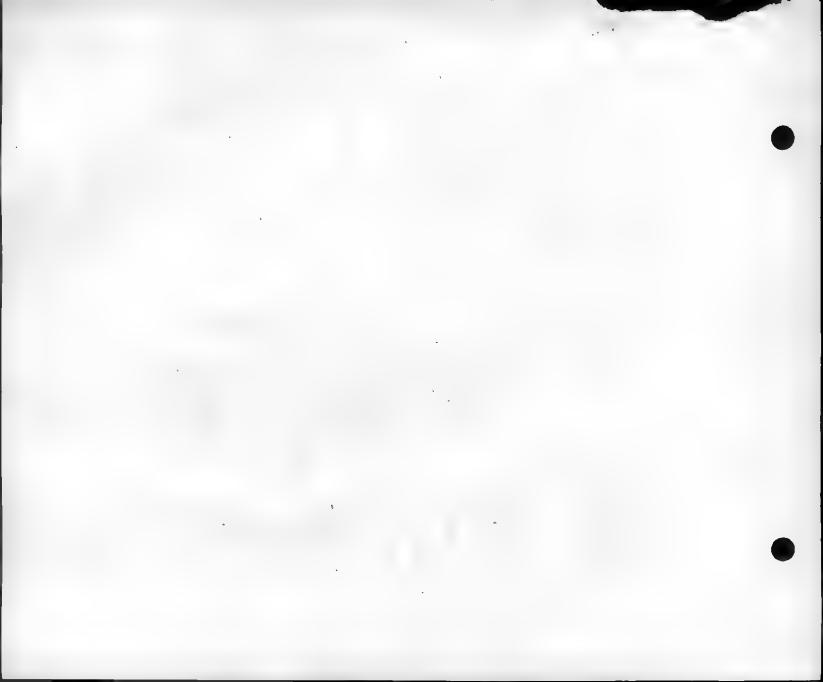
13282

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

13284

E E D E 33	1	BLACE OF DEATH
funeral 1 and 2		PLACE OF DEATH O. COUNTY O. STATE O. STATE O. STATE O. STATE O. STATE O. COUNTY O. STATE O. COUNTY O. STATE O. COUNTY O. STATE O. STATE O. COUNTY
	11)	C T TO C
y the fundaments offer of the fundaments offer of the fundaments o	17	b. CITY OR TOWN (if outside carporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b.  c. CITY OR TOWN (if outside carporate limits, write RURAL and give nearest town)
hours ofter in by the furst. Pages 1	1	write RORRIGATION ONE month Talewille
hou hou hou hou	$\vdash$	d NAME OF HOSP TALLOR, INSTITUTION (If not in hosp to), quie street address)  d. STREET ADDRESS  e IS RESIDENCE
		Churchita - No alle Paral
		100
長 佐藤		NAME OF First Middle Lost ADATE Worth Doy Year
executed within a completely till emove, curpon pony event, within		OF DEATH (Ccrober 10 1967
Te de la company	S	SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 12 8 DATE OF BIRTH 9 AGE (In years FUNDER 17EAR   FUNDER 24 HRS
execute nd comp emove/c	1	Min authority of the property
and con remo	100	1000
	dun	USUM OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or breign country) 12 FILET OF WHAT INDUSTRY
ote !		ing Hostol working life, even if retired) INDUSTRY Marikana Elisabeth
ertificate to physicion ien pleose oval, and i	13.	PATHER'S NAME 14 MOTHER'S MAIDEN NAME
Ph Ph		willing tounson agents duvall
eath certif anding phy nrt. Then or remova	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 12 INFORMANT Appress
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the drive atte		1 14 17 wy 4 your four four for the
두 말 교육	1	18 CAUSE OF DEATH (Enter only one couse per line for (6), (b), and (c)) PART I DEATH WAS CAUSED BY PART I DEATH WAS CAUSED BY PART I DEATH WAS CAUSED BY
that an. by th ransi		1 G ( ) IMMEDIATE CAUSE (0)
		DUE TO-D. I months
equires physic signed burial- burial		Canditions, if any, which gave isse to immediate couse (a), (b) Primary Site undetermined, prohably
2 4 v v v		storing the underlying cause DUE TO
		stating the underlying cause   DUE TO   IVER OF panereas
e law tendin ss bee os th prior t		PART   OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISFASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY
투 후 첫 왕투 🗸	CERTIFICATION	PERFORMED?
AN: ol or icate for u Hear	2	YES NO
<b>왕</b> 절 종종표	ET.	200 ACC DENT WAS UNDERLYING \( \) 20b DESCRIBE HOW .NJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 1B.)
HYSICIAN hospital of sertifical ached for ept. of He		(IF EITHER, NOTIFY MEDICAL EXAMINER)
F d is p d	MEDICAL	20c TIME OF NURRY Month Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form 20t (City or town) (County) (State)
	w	Mile Motting Management and the Company of the Comp
The the deli	1	pm. 19 totwork U otwark U
by the Star the be del	~	O WORK O WORK O
ENDING Pred by the R: After the Jid be deline the State L		21 1 certify that (I) (this haspital) attended the deceased from July , 1967, to Cey 10 1967, that (I) (we) last
ATENDING P tained by the TOR: After th hould be dei th the State C	V	21 1 certify that (I) (this haspital) attended the deceased from July , 1967 to Cer 10 1967, that (I) (we) last saw the deceased as we an Cer 2 1967, and that death accurred at 72M, from causes and on the date stated above.
R ATTENDING F refaned by the RECTOR: After th 3 should be dei with the State D	W	21 1 certify that (I) (this haspital) attended the deceased from July , 1967 to OEY 10 1967, that (I) (we) last saw the deceased as ve an OET 2 1967, and that death accurred at 77 M, from causes and on the date stated above.  220. SIGNATURE  ATTENDING MED STAFF 220 DATE SIGNED
tor attending is be retained by the DIRECTOR: After the ge 3 should be deilled with the State Died with th	W	21 1 certify that (I) (this haspital) attended the deceased from July , 1967 to Oev 10 1967, that (I) (we) last saw the deceased as ve an Oet 2 1967, and that death accurred at 72M, from causes and on the date stated above.  220. SIGNATURE  M.D. ATTENDING MED DRECTOR STAFF 10/11/67
	, A	21 1 certify that (I) (this haspital) attended the deceased from July , 1967 to OEY 10 1967, that (I) (we) last saw the deceased as ve an OET 2 1967, and that death accurred at 77 M, from causes and on the date stated above.  220. SIGNATURE  ATTENDING MED STAFF 220 DATE SIGNED
		21 I certify that (I) (this haspital) attended the deceased from July 1967, to OEY 10 1967, that (I) (we) last saw the deceased as ve an OEY 2 1967, and that death accurred at 7 PM, from causes and on the date stated abave.  220. SIGNATURE    ATTENDING   MED DRECTOR   STAFF   22th DATE SIGNED   1967
		21 I certify that (I) (this haspital) attended the deceased from July 1967, to OEY 1967, that (I) (we) last saw the deceased as ve an OEY 2 1967, and that death accurred at 7 PM, from causes and on the date stated abave.  220. SIGNATURE  220. SIGNATURE  ATTENDING PHYS  PHYSICIAN'S NAME (Type) Willard F. Smith WI 22d. ADDRESS  Shady Side Med  PHYSICIAN'S NAME (Type) Willard F. Smith WI 22d. ADDRESS  Shady Side Med  (County) (Store)
		21 1 certify that (I) (this haspital) attended the deceased from July 1967 to OEY 1967, that (I) (we) last saw the deceased as ve an OET 2 1967, and that death accurred at 72 M, from causes and on the date stated above.  220. SIGNATURE  220. PHYSICIAN'S NAME (Type) Willard F. Smith MD PHYS  221. PHYSICIAN'S NAME (Type) Willard F. Smith MD PHYS  222. PHYSICIAN'S NAME (Type) Willard F. Smith MD PHYS  223. NAME OF CEMETERY OR CREMATORY  224. ADDRESS  226. PAGL (CREMATION, 23b DATE, THEREOF, 23c NAME OF CEMETERY OR CREMATORY)  227. PHYSICIAN'S SNAME (Type) Willard F. Smith MD PHYS  228. ADDRESS  229. DATE SIGNED (Type) DATE SIGNED (Type) (County) (County) (Stote)  229. DATE SIGNED (Type) DATE
SPITAL 4 may VERAL or, po		21 1 certify that (I) (this haspital) attended the deceased from July 1967 to OEY 1967, that (I) (we) last saw the deceased as ve an OET 2 1967, and that death accurred at 72 M, from causes and on the date stated above.  220. SIGNATURE  M.D. ATTENDING MED DRECTOR PHYS 220 DATE SIGNED 10/11/67  221. PHYSICIAN'S NAME (Type) Willard F. Smith M.D. 222. ADDRESS Shady Side, M.D. 223. NAME (Type) Willard F. Smith M.D. 224. ADDRESS Shady Side, M.D. 236. DATE THEREOF, 236. NAME OF CEMETERY OR CREMATORY 236. TOCATION (City or Town) (County) (Store)  25. STATUTE 224. ADDRESS Shady Side, M.D. 236. DATE THEREOF, 236. NAME OF CEMETERY OR CREMATORY 236. TOCATION (City or Town) (County) (Store)



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH 13288 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before odmission) PLACE OF DEATH o. COUNTY Anne Arundel b. COUNTY Anne Arundel o STATE Maryland MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) b CITY OR TOWN (If outside corporate limits. c LENGTH OF STAY IN 16 write RURAL and give negrest town)
Glen Burnie Odenton, Maryland d STREET ADDRESS a MAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 432 Skyline Avenue NAME OF Middle Last 4. DATE Manth First DECEASED Carolyn East October (Type or print) DEATH B DATE OF BIRTH AGE (In years IF UNDER 1 YEAR S SEX 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** last birthday) Manths 8-10-96 WIDOWED DIVORCED Female Cauc. 10o JSHAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even fretded)
Retired INDUSTRA United States Maryland 13. FATHER'S NAME 14. MOTHER'S MAJDEN NAME 17-INFORMANT IS WAS DECEASED EVER IN L. S. ARMED FORCES? Address (Yes, no, or unknown) (If yes give war ar dates of service) IB. CAUSE OF DEATH (Enter only one cause per line for (a), and (c).) PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying cause last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN JM PART 1(0) 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 200 ACCIDENT WAS LINDERLYING. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. IDME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, (City or town) laur a.m. Nat While factory, street, affice bidg , etc.) zat wark certify that (1) (this hospital) oftended the deceosed from

physicion 늅 or removal. g phy Then burial, cremotion, signed by the buriol-tronsit be retoined by the hospitol or ottending the of Health prior to SD hos certificote 5 r this certification age 3 should I DIRECTOR: be filed director, 0

hours after death

be executed

PHYSICIAN: The low requires that the death certificate

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and in ony event,

23g BURIAL CREMATION EMOVAL (Specify) FUNERAL DIRECTOR

PHYSICIAN S NAME (Type)

20 M 1/66

DATE THEREOF

the deceased alive on

23c. NAME OF CEMETERY OR CREMATORY

25a

MED

DIRECTOR

and that death accurred at

PHYS

M.D.

ATTENDING

· 22d ADDRESS

23d JOCATION (City of Town)

PHYS.

A-NWAROLIS

Couply

(County)

22b. DATE SIGNED

M, from causes and on the date stated above.

e IS RESIDENCE ON A FARM?

Day

Days

COUNTRY?

YES NO X

Year

F UNDER 24 HRS

Haurs

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY PERFORMED?

NO F

(Stote)

BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE



### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13286

13284

ages I and 2

**10 HOSPITAL OR ATTENDING PHYSICIAN.** The law requires that the death certificate be executed within 24 hours after death.

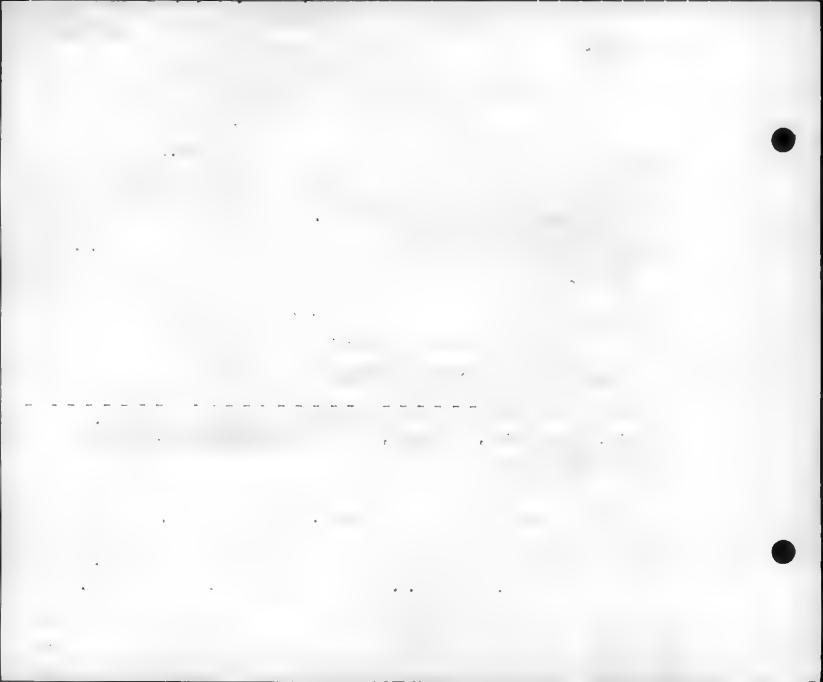
Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban pages. Pages 1 and 2 director, page 3 should be detached for use as the burial, crematian, ar remaval, and in any event, withha 12 bours after depth.

CERTIFICATE OF DEATH

. PLACE OF DEATH				2. USUAL RESIDE	NCE (Where deceas	ed lived, if institut	tion: Residence	before admis	sion)
a. COUNTY	Anne Aru	ndel	MARYLA	CTATE	ryland	6 COU	Anne	A-und	el.
F CITY OF TOWN	(If autside corporate limit		c LENGTH OF STAY IN		(if autside corpora				
write RURAL ar	d give nearest town)						KAL OIR BAR	neorezi towo)	
Ann	apodis		16 days		verna Pa	rk		C De	Ingales
	TAL OR INSTITUTION (If no			d. STREET ADDRE	-			e IS RE	FARM?_
Anna Aru	ndel Genera	l_Hospi	tal.	509	Grandin	Ave.,		YES _	NO 🔏
3. NAME OF DECEASED		irst	Middle	Last	4. DATE	Mont			ear
(Type or print)	Walter			EDWARDS	OF DEATH	Octob	er	16	67
SEX	6 COLOR OR RACE	7. MARRIED	NEVER MARRIED	8 DATE OF BIRTH	9	AGE ( n years	(F UNDER 1		ER 24 HR
Male	White	WIDOWED	DIVORCED	□ Dec. 23,	1884	last birthday)	Months	Days Hour	Min
On USUAL OCCUPATION	N (Give kind of work dane	10b. KIND	OF BUSINESS OR		aunty & State, ar fai	,		ZEN OF WHAT	
luring grost of working	life, even 'f retired)		ISTAY POOL		M	aryland	com	NTRY?	
3. FATHER S NAME	COK	1/1//	KORd	14, MOTHER'S MA		TA TAILE			
/	2-1-12-1			/					
	NOWN FRINGS ARMED FORCES?	T 17 .00	CIAL CECUDITY NO	17 INFORMANT	NOWN	4.11			
Yes, na, of unknown)	(If yes give war at dates of	of service)	CIAL SECURITY NO	17. INFORMANT	Edwar Edwar	128	M). Os	towd	SY
NO		1		LOUISE C.	EdWAR	d5			
	EATH (Enter only one cau	use per line far (a	i), (b), and (c),)				1	INTERVAL 8	FTWFFN
	THE SALACE CALLERY, DV	,	3. 6 4. 4 4 4				1		
FART I. DEF	TH WAS CAUSED BY IMMEDIATE CAUSE	(a) Cere	bral infa	rctien				1 mon	
PART I. DEF		(*)	3. 6 4. 4 4 4	arctien					
Canditians, if on	IMMEDIATE CAUSE DUE  7, which gave )	10	3. 6 4. 4 4 4					1 mon	DEATH
Canditians, if an	IMMEDIATE CAUSE  DUE  7, which gave 10 cause (a),	10 (b) Arte	ebral infa					1 mon	DEATH
Canditians, if on	IMMEDIATE CAUSE  DUE  7, which gave 10 cause (a),	10 (b) Arte	ebral infa					1 mon	DEATH
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Canditians, if on use to immedia stating the underlast.  PART II OTHER S  Atrial  DO ACCIDENT IN OR CONTRIBUTION (IF EITHER, NOTIFY 20c T ME OF IN). Hour a p  21. I cert saw the d  22c. PHYSICIAN 'NAME (Type	IMMEDIATE CAUSE DUE  To which gave the cause (a), relying couse  The cause (a), relying couse  The cause (a), T	(c)	DEATH BUT NOT RELATION  DEATH	Also ureth:  JERED (Enter nature of injuly (Hamfoctory, street, affice bld  omSept. 30 d that death accurre  M.D. ATTENDING PHYS  22d. ADDRESS 16 Mur	ral stri ry in Part I or Par  farm, 20f g, etc.) 20f d at N 12:50 A  MED. DIRECTOR	(City or town)  Oct. 1 fram causes  STAFF PHYS.  Annapo	(Cour 6 19 6 and an the 22b. DAT Oct.	10 WAS AND PERFORM  That (I) and date state and the signed and the state and the signed and the	OTOPSY MED? NO f



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 3285 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o. COUNTY D COUNT within 72 hours after MARYLAND c CITY OR JOWN (If octside corporate limits, write RURAL and give nearest town outside corporate limits. c. LENGTH OF STAY IN 16 give negrest town) Decruce ON A FARM? papers. d. NAME OF HOSPITA. OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS YES NO 🗷 camplerely) III NAME OF Middle 4 DATE Year First DECEASED OF DEATH 1967 and in any event, (Type or print) S SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE DATE OF BIRTH AGE n yeors NEVER MARRIED remake lost birthdoy) Months Dovs Hours W-DOWED. DIVORCED and 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 19o USUAL OCCUPATION (Give kind of work done easpa COUNTRY? during most of working life, even if refired; INDUSTRY physician 13. FATHER S NAME MOTHER'S MAIDEN NAME directar, page 3 shauld be detached far use as the burial-transit permit. Then pl sbould be filed with the State Dept. of Health priar ta burial, crematian, or remaval, attending priya WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Add ess (Yes, no, or unknown) (If yes give wor or dotes of service INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per I no PART 1. DEATH WAS CAUSED BY signed by the burial-transit p IMMEDIATE CAUSE (o) 'O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if only, which gove rise to immediate couse (a), DUE TO stoting the underlying couse has been lost WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL BISEASE CONDITION GIVEN IN PART 1(0) O FUNERAL DIRECTOR: After this certificate 2Do, ACCIDENT WAS UNDERLYING [ 20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dd INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20t. TIME OF INJURY Month, Dov. Year (City or town) (County) (Stote) foctory, street, office bldg , etc \ Hour p.m While Not While ot work ot work 21. I certify that (I) (this hospital) attended the deceased fram and that death occurred at 2/4M, from couses and on the date stated above. saw the deceased alive on\_ 22b. DATE SIGNED 220. SIGNATURE STAFF PHYS M.D. DIRECTOR PHYS. un 22d. ADDRESS 22 PHYSICIAN'S NAME (Type) 🕏 23c NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION 23b DATE THEREOF LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) **FUNERAL DIRECTOR** 20 M 1/66



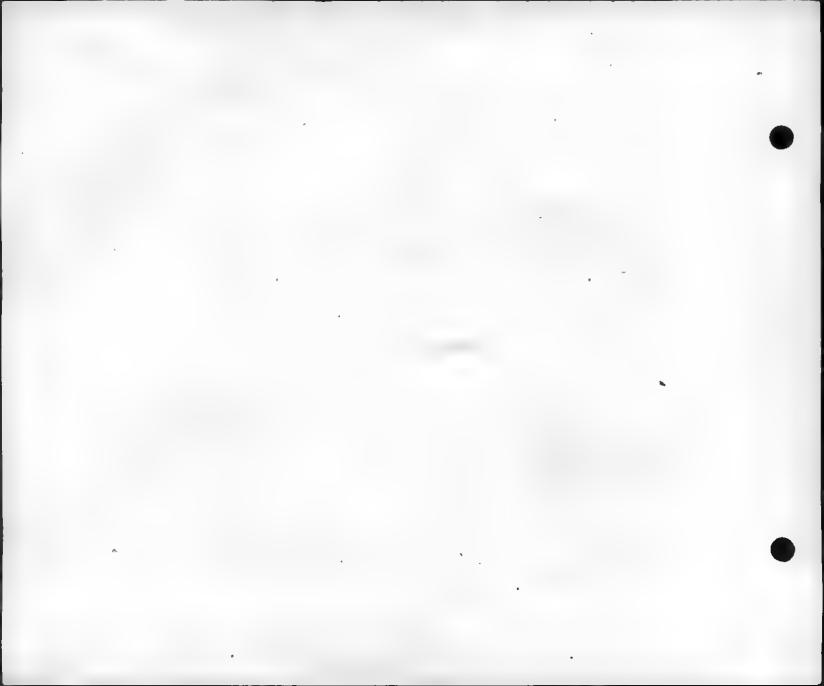
j		V	1	
	meral 🗡	and 2	death.	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbot papers. Pages I shauld be filed with the State Dept of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after Page 4 may be retained by the haspital or attending physician.

Item 13 Film	393 10-24-MARYLAND STATE DEPARTMENT OF HEALTH
	393 10-24-MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120
13286	
5600	CERTIFICATE OF DEATH

L	_3260			CERTIFICATE	OF DEATH	13	248
	PLACE OF DEATH					Yhere deceased lived, if institution Residence	ce before odmission)
		IE ARUNDEL		MARYLAND	o. STATE MARY	LAND 6. COUNTY ANIX	IE ARUNDEL
	<ul> <li>b. CITY OR TOWN (I write RURAL and</li> </ul>	f outside corporate lim I give nearest town)	ITS <sub>a</sub>	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporate limits, write RURAL and give	neorest town)
	FT GEO G			4 Hours	SEVERN		
				ospital, give street address)	d STREET ADDRESS		e IS RESIDENCE On a Farm?
		H ARMY HOS				X 2B, Camp Meade Rd	YES NO K
	NAME OF DECEASED		First	Middle	Łost	4 DATE Month OF	Day Year
	(Type or print)	I.J	ISA	м.	FOX	DEATH October	19 19 67
5	SEX	6 COLOR OR RACE	7. M	ARRIED NEVER MARRIED 😿 🛚	B. DATE OF BIRTH	9 AGE (In years IF UNDER I	
<u> </u>	emale	White		DOWED DIVORCED	2 August 19		Days Hours Min
10a <b>dur</b>	USUAL OCCUPATION ing most of working I	(Give kind of work don life, even if retired)	e	10b. KIND OF BUSINESS OR INDUSTRY		COL	ZEN OF WHAT UNTRY?
<u> </u>		lone		None	Anne Arun		1
13	FATHER S NAME	700 CO III M			14 MOTHER S MAIDEN N		
	DUANE J.				IDA L. OL		
IS (Ye	WAS DECEASED EVE es. no. or unknown)	R IN U.S. ARMED FORCES (If yes give wor or dates	of servi	16 SOCIAL SECURITY NO 17 I	NFORMANT (fat	her) Address	4
	No	N/A		None Dua	ne J.Fox,Sa	me as item #2	
			ouse per	line for (o), (b), and (c).)			INTERVAL BETWEEN ONSET AND DEATH
	570	H WAS CAUSED BY: IMMEDIATE CAUS	E (o)	Meningitis			ONSEL AND DEATH
	74.77	DU	E 10	_			
	used ins, fory,		(b)	Waterhouse-Fride	richsen Sy	ndrome	6 2 hrs
	rise to immediate stating the under		E TO				
	lost.	)	(c)				
NO!	PART II OTHER SIG	GNIFICANT CONDITIONS	CONTRIE	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?
ই	00 44410 5117 11110						YES 🛣 NO 🗌
CERT FICATION	200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	☐ CAUSE OF DEATH		20b DESCRIBE HOW INJURY OCCURRED (	Enter noture of njury n	Part I or Part II of Item 18)	
MEDICAL	20c. TIME OF INJU	IRY Manth, Day, Year	ń		E OF INJURY (Home, form		nty) (Stote)
WED	Hour on	1.0		While Not While foctor	ory, street, office bldg , etc.)		
		a none d				9 67 to 19 Oct , 19	6,7that (3) (we) last
		ceased alive an_	- 7	OCC 19 O1, and that	death accurred at	12:301 from couses and on th	
	220. SIGNATURE	A 1.	Pil	llen h. M. Pris	ATTENDING PHYS.	DIRECTOR PHYS 190	it signed
	22C. PHYSIC-AN'S NAME (Type)	ROBERT L.	CUL	LEN, R., CPT, MC	22d ADDRESS KIMBROUGH	ARMY HOSP,FT GEO G	MEADE MD
230	. BURIAL, CREMATIO			23c. NAME OF CEMETERY OR C			(County) (State)
E	REMOVAL (Specify)	10/21/	67_	Forest I	Compt		
	FUNERAL DIRECTO		07_	Forest Lawr	Cemetery	BY REGISTRAR 256 REGISTRARS S.	GNATURE
			Far	neral Home Glen			as Judge
- "		~ * *****				THE THE PERSON NAMED IN PARTY OF THE PERSON N	

VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH r filled in by the funeral ri papers Pages 1 and 2 within 72 hours after death. requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) a COUNTY b. COUNTY MARYLAND CITY OR TOWN (If outside corporate I mits. C LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write, RURAL and give nearest tawn) BALTIMORE HUNAPOLIS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? GENERAL 3 NAME OF 4. DATE Middle Last and campletely remove carbon Day Year DECEASED (Type or print) DEATH S. SEX AGE (In years NEVER MARRIED last bistbday) Months Days Haurs DIVORCED physician and one IGa USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT KIND OF BUSINESS OR 12 BIRTHPLACE (County & State, or foreign country) during post of working life, even fretired) MARVLAN HTORS. 13. FATHER'S NAME MOTHER'S MAIDEN NAME ar remayal. signed by the attending phy burial-transit permit. Then 15 WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN' (Yes, na, ar unknawn) (If yes give war or dates of service NONE 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART | DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o DUE TO burial Conditions, if any, which gave rise to immediate cause (o), DUE TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been t te last. QS WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? Health 1 NO fo 200 ACC DENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (State) (City or town) (County) factory, street, office bldg., etc.) Haur o.m. While Not While 19 at wark at wark 21. I certify that (I) (this haspital) oftended the deceased from\_ 1957, to OC be retained 1967, and that death occurred at 1036M, from couses and on the date stated above saw the deceased alive on\_ 220 SIGNATURE 22b. DATE SIGNED ATTENDING directar, page 3 should be filed v DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S 230 BURIAL, CREMATION 23c. NAME OF CEMFTERY OR CREMATORY 23d LOCATION (City or Jawn) (County) (State) AThe BALTICHORE REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13283 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEPI 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH O COUNTY M. M CO. o STATE 6 COUNT portment of MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (I outside corporate limits, write RURAL and give represt town) AUNdhulis d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A EARM? Stote D 49 with farm DOA-AA. Teneral Horge NO X This certificate should be executed within 24 hours ofter death 3 NAME OF M adle Lost DATE Month DECEASED OF Give neese 10 31 19 6 (Type or print) DEATH e certificate, writing the word "pending" in pencil in Item 18 Give should be forworded to the Chief Medical Examiner's Office along S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE ( n years **E UNDER** YEAR IE UNDER 24 HRS lost birthdoy) Manths Doys Hours 2-1-9 in any event within 72 hours after deoth. WIDOWED D VORCED 100 USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 11 B RTHPLACE (State or foreign country) 12 CITIZEN DE WHAT during most of work nglite, even fret red)

DRA (TSMAN) COUNTRY ? INDUSTRY 13 EATHER'S NAME 14 MOTHER'S MAIDEN NAMI REESC IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC AL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) 102 S. TREMON 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) buriol-transit PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUF TO 0 stating the underlying couse lost. be used 19 WAS AUTOPSY PEREORMED? PART I. OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) cremation, or removal, NO R CERTIF 20o EXTERNAL CAUSE WAS 20b DESCR BE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 1 of item 18) 3 should PRIMARY I or CONTRIBUTING I CAUSE OF DEATH 20e PLACE OF INJURY (Home form. 20c TRME OF INJURY Month, Doy, Year 20d NauRY OCCURRED (City or town) (County) (Stote) Hour o.m foctory, street, office bldg etc.) Not While ot work of work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection 🔽 and in my opinion the funeral director. Natural couses deoth resulted from. Accident Su'ade Homicide Undetermined monner CH EE MED CAL EXAMINER ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE DEPUTY MED CAL EXAMINER **EXAMINER'S** Health | Address (Street, city, town, or county) NAME (Type) NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BUR AL CREMATION. 50 REMOVAL (Specify) URIA 24 FUNERAL DIRECTOR 250 RECD BY REGISTRAR VR A 15ME (5) 6M 1/67

Ilm "

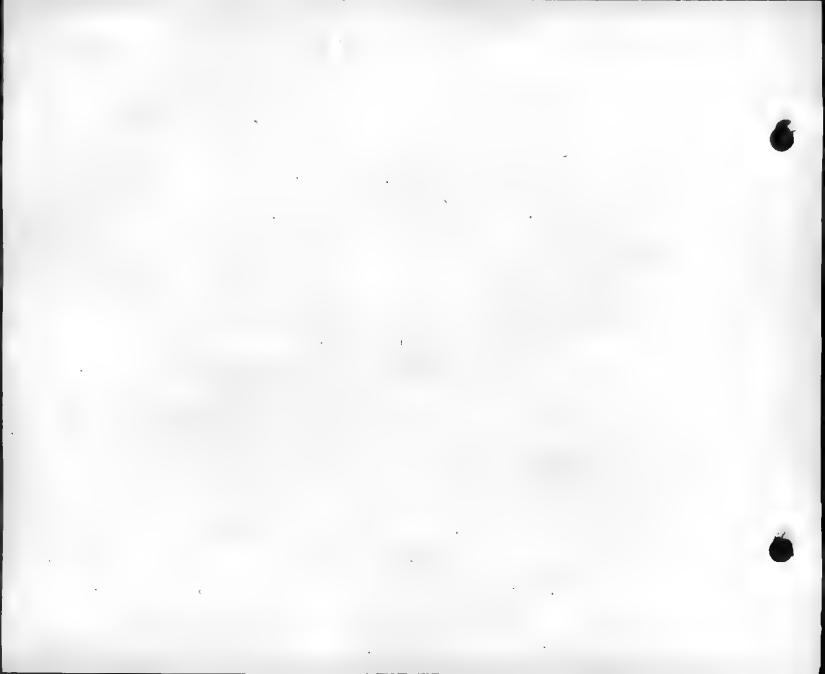
#### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR & PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed ved, if institution Residence before admission o. COUNTY Poge delay b CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY N 16 c ( TY DR JDWN (If guiside carparate mits write RJRAL and give nearest town) write RURAL and give negest town) ew PURNIC d NAME OF HOSP TAL DR INSTITUT ON (If not in hospital, give street address) IS RESIDENCE ON A FARM? d STREET ADDRESS'S 0.0 be executed within 24 hours ofter death If YES NO F 3 NAME OF Middle DATE Month Doy Year within 72 DECEASED 3 the 10 19 6 (Type or pont) DEATH F UNDER 1 YEAR S SEX 9. AGE (In years IF LINDER 24 HRS 7 MARRIED NEVER MARRIED birthdoy) Aug. 25,1908 WIDOWED DIVORCED event 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY CDUNTRY? any Baltimore, Maryland U.S. rd "gending" in pencil in Chief Medical Examiner's Secretary 13. FATHER'S NAME Charles V. Friedhofer M. Louisa Fay puo 正 IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY ND 17 INFORMANT Address removal. (Yes, no, or unknown) (If yes give war or dates of service) 215-03-0922 Howard W. Silk - 4505 Forest View Ave., Balto. CAUSE OF DEATH (Enter only one couse per lyre fo) (a), (b), gnd (c).) INTERVAL BETWEEN DASET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) This certificate should writing the word buriol, cremation, DUE TO Conditions, if ony, which gove rise to immediate cause (a). forworded to DUE TO stoting the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS ON THE PART NO. 19 WAS AUTOPSY PERFORMED? NO X 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of Item 18.) 3 should should PRIMARY I or CONTRIBUTING I CAUSE OF DEATH. ogent, 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE DF INJURY (Home, form, (City or town) (County) (Stole) Hour am While Not While foctory, street, office bldg , etc.) Page of work of work its designoted 21. I certify that took charge of the remains described above, held an Autopsy Inspection 🖂 and in my apinion the funeral director. death resulted from: Suicide Matural causes Accident Homicide \_\_\_ Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER **SIGNATURE** Health or i DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) 23c NAME OF CEMETERY OR CREMATORY DATE THEREOF 23d LOCATION (City or Town) 230 BURIAL, CREMATION, 50 REMOVA (Specify) Baltimore, Maryland Oct. 14,1967 Loudon Park Cemetery 250 RECD BY REGISTRAR 24. FUNERAL DIRECTOR

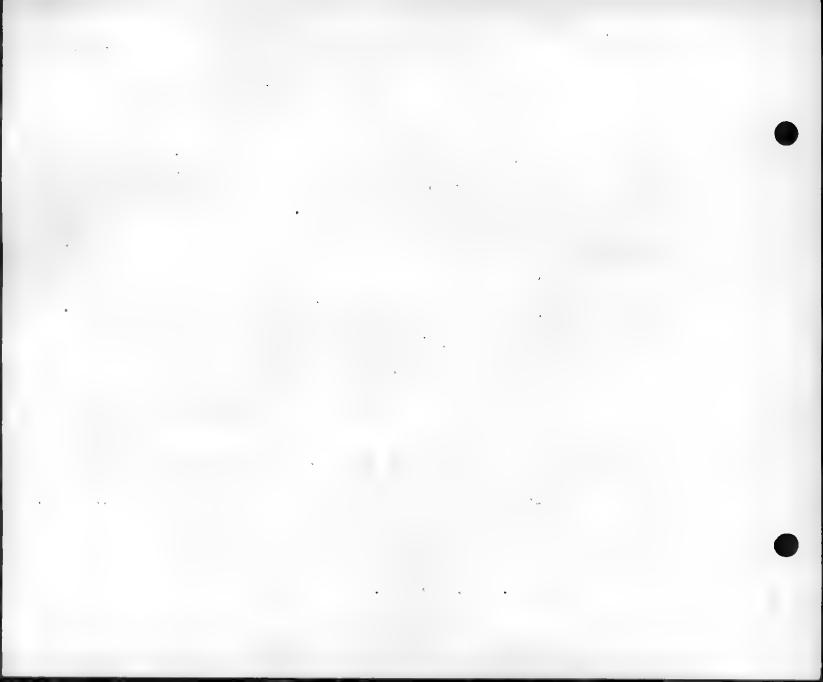
George J. Gonce-4001 Ritchie Hgwy., Baltimore

VR A35ME



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13220 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY o. STATE **b.** COUNTY Maryland Anne Arundel Anne Arundel MARYLAND b CITY OR TOWN (If autside carparate iimits, c LENGTH QE STAY IN 16 c CITY OR TOWN (If autside carparate 1 mits, write RURAL and give nearest town) write RURAL and give negrest tawn) DOA Annapolis d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS B IS RESIDENC ON A FARM? 203 Kennedy Drive Naval Hospital YES NO within NAME OF 4/ DATE First Middle Month DECEASED JOHN Α. **GAHR** October 18 ete 19 67 event. (Type or print) DEATH S SEX AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH Manths last birthday) Days Hauts Male Cauc. 27 Sept. 1912 WIDOWED DIVORCED and in any TDa USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 12 CITIZEN OF WA 11\_BIRTHPLASE (County & State, or foreign country) of working life, ever if COUNTR 14. MOTHER'S MA DEN NAMI 13 FATHER'S NAME ar removal, phy en attending poermit. The ARUNDEL IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, na, ar unknown) (If yes give war ar dates of service INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) LINDHART CMSET AND DEATH PART I. DEATH WAS CAUSED BY: MYOCARDIAL INFARCTION IMMEDIATE CAUSE (a) AIME DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO BY stating the underlying cause RIMER CLEARED WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? detached for use e Dept. of Health NO X YES 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 2Do. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c TIME OF INJURY Manth, Day Year Hour o.m. Not While factory, street, office bldg, etc.) at work 21. I certify that (1) (this hospital) attended the deceased from. , 19\_\_\_\_, that (I) (we) lost , ta. 19 67, and that death accurred at 0445AM, from couses and on the date stated above. 18 Oct. DIRECTOR: saw the deceased adjuct 22b. DATE SIGNED 220 SIGNATURE 18 October, 1967 director, page 3 shauld be filed v DIRECTOR PHYS PHYS M.D. 22d. ADDRESS 22c PHYSICHAN'S O FUNERAL NAME (Type) NAVALHOSP!TAL.ANNAPOLIS.MD NAME OF REMETERY OF CREMATORY 230. BURIAL CREMATION. (County) WQVAL (Specify) REGISTRAR'S SIGNATUS REGISTRAR 24 FUNERAL DIRECTOR 2Sa. REE'D BY VR A15 (4) Barranco Funeral Sérvice. Severna 25M 1767





13292

FOR STATE HEALTH DEA

necessary, please execute the certificate, writing the ward 'pending' in pencil in Item 18. Gwe Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with form PM3 Page TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If ony delay is

5 may be retained far your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department

Hea th prior to burial, cremation, ar removal, and in any event within 72 hours after death.

DEAT

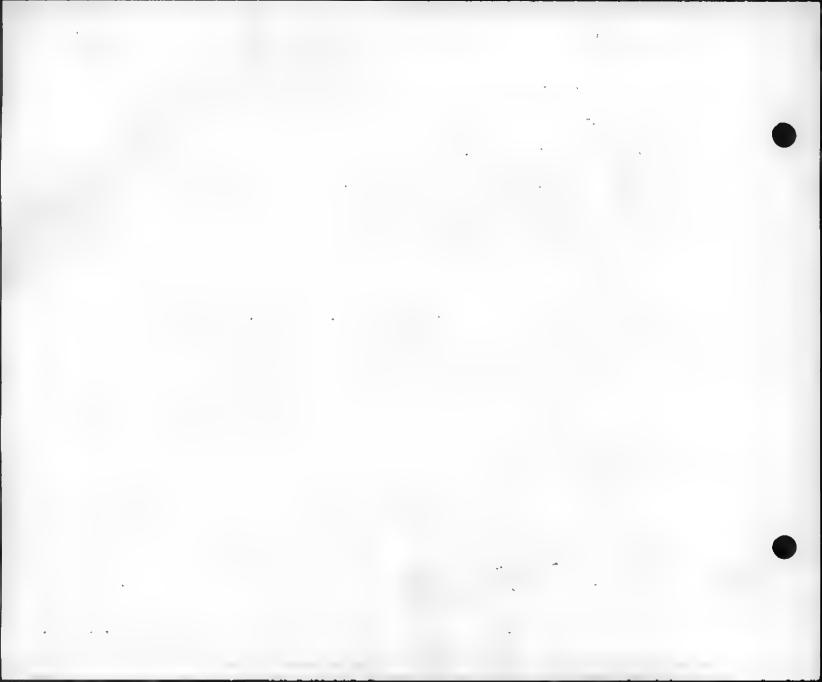
### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13294

M	LEDIC	AL	FYAMI	MED'C	<b>CERTIFICAT</b>	E OF	DEATH
18	i E LZ II U	. ALL	CAMITI	INTER 3	CERTIFICAT	T UE	DEAID

1. PLACE OF DEATH			Where deceased lived, if institution R	Residence before admission)
O. COUNTY A. A. CO.	MARYLAND	O. STATE MID	b. COUNTY	Affec
b CITY OR TOWN (If autside carparote imits, write RURAL and give pearest tawn)	c LENGTH OF STAY IN 16	c CITY OR TOWN (If au	tride corparate limit write RURA, or	nd give neorest tawn)
d NAME OF HOSPITAL OR INSTITUTION (If not in t	lospital, qive street oddress)	d STREET ADDRESS 2.	^	e IS RES DENCE
DOM- ANNE ARUNDEL	General	1030 Elu	where lone to	ON A FARMS YES NO
3 NAME OF First DECRASED (Type ar print)  VIRGINII	Midd e	AKUCK	4 DATE Month OF JO DEATH MONTH	5/ Year
And I I	MARRIED NEVER MARRIED E	DATE OF BIRTH/		UNDER I YEAR FUNDER 24 HRS  nths Days Hours Min
10a USUAL OCCUPATION (G ve kind af wark dane during most of working life, even if retired)	106. KIND OF BÜSINESS OR INDUSTRY SALF-et., aloy ed	11. BIRTHPLACE (Stote		12 CT ZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14 MOTHER'S MAIDEN N		1000
Charles A. Owens		Alice	Belle Crosby	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknown) (If yes give wor or dates of serv	16 SOCIAL SECURITY NO 17. II	NFORMANT	Address	
no		Frances £.	Bolton - same a	as #2 above
18 CAUSE OF DEATH (Enter only one couse pe PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	r ne far (a), (b), ond (r)		col	INTERVA, BETWEEN OHSET AND DEATH
DUE TO	10 11 2	8		Herley.
Canditions, if any, which gave ) (b)	Elever to Mulit	25-		
rise to immediate couse (o), Stating the underlying cause DUE TO				
lost. (c)				
PART II OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO T	HE TERM NAL DISEASE CON	DIONGVEN IN PARTI(0)	19 WAS ALTOPSY PERFORMED? YES NO
20g EXTERNAL CAUSE WAS PRIMARY G or CONTRIBUTING CAUSE OF DEATH	20b DESCRIBE HOW INJURY OCCURRED (	Enter noture of in ury in I	Part Lor Port Lof tem 18.)	
20c T ME OF INJURY Month, Day Year Hour o m. pm. 19		CE OF INJURY (Home, form pry, street office bldg , etc.)		(Caunty) (Stote)
21. I certify that I fook charge of	the remains described above, he	ld an Autopsy 🔲,	Inspection Inquiry	ond in my opinion
death resulted from Natural co	uses 🗹, Accident 🔲, Suici	ide 🔲, Hom ade	, Undetermined monne	er 🔲
ACTUAL	. / .	CHIEF MEDICAL	EXAMINER	On make digues
SIGNATURE / JEWANNE	7	_ n. D	CAL EXAMINER	22. DATE SIGNED
EXAMINER'S F. LIN	haroff.		L EXAMINER	6/31/67
23g. Burial, CREMATION, 23b DATE THEREOF REMOVAL (Specify) 11/3/6	7 Glen Haven C		23d LOCATION (City or Town)	(County) (Stote)
24 FUNERAL D RECTOR	ADDRESS	250 RECD	BY REGISTRAR 256 REGISTR	RAR'S SIGNATURE
HODOTNO BUNGS I BY	- Killin	DATE NO	1 967 gel	contes Judges

VR A 15ME (5)



MARYLAND STATE DEPARIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STI Ltems 11, 12, 13, 4 14 111

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

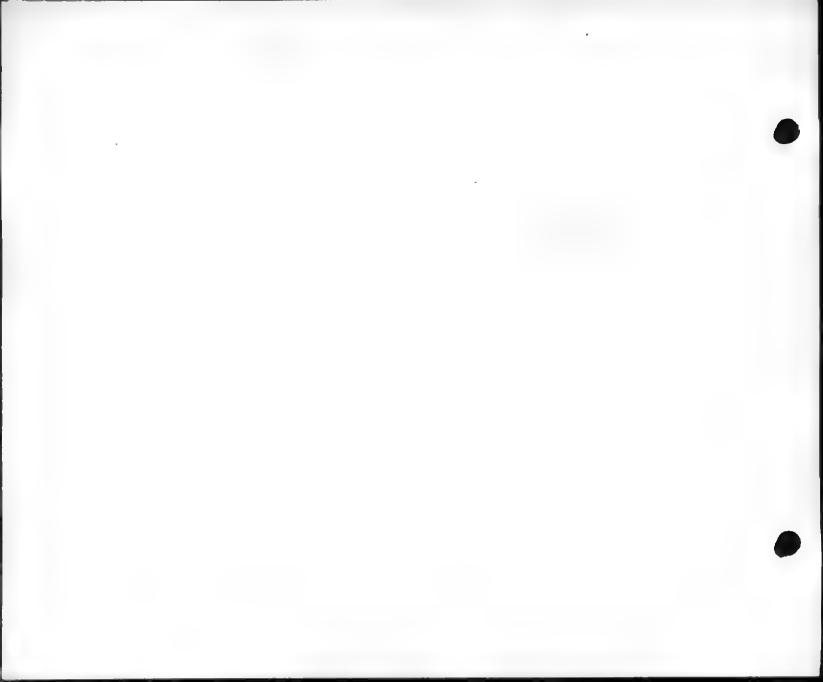
Page 4 may be retained by the hospital ar attending physician.

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Perges I and a should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 yours after death.

		13236	•		CERTIFIC	AIL	OF DEATH			13	235	
		PLACE OF DEATH					2. USUAL RESIDENCE (	Where deceosed	ived, if institutio	n: Residence	efare odmissio	ın)
	-	a. COUNTY A	nne Arundel	L.	MARYLAI	4D	o. STATE Ma:	ryland	b. COUNT	Υ		y .
		b. CITY OR TOWN (	If autside carparate limit		c. LENGTH OF STAY IN 1	b	c. CITY OR TOWN (If ou		mits, write RURA	ic and give n	eorest town)	
		write RURAL and	d give nearest town)		5 months		Baltimor	e				
			AL OR INSTITUTION (If I	of in hospitol, g	ive street oddress)		d STREET ADDRESS				e IS RES I	DENCE
F		Crownsv	ille State	Hospit	al.		604 S, M	ilton A	venue		YES YES	NO T
	3	NAME OF		irst		(Gr		4 DATE	Manth		Doy Yes	or T
		DECEASED (Type or print)	Maa	cv	Anna		Grebliaucka	OF S DEATH	10		L8 196	57
	5		6. COLOR OR RACE	7. MARRIED			DATE OF BIRTH	9. AI	GE (In years	IF UNDER 1 YE	AR IF UNDER	24 HRS.
		F	W	WIDOWED	, DIVORCED	51	6/10/10	Ic	57 yrs	Months D	oys Haurs	Min.
	10o	USUAL OCCUPATION	(Give kind of work dane		ND OF BUSINESS OR		11. BIRTHPLACE (County	& Store, or fareign			N OF WHAT	-
	duri	ing most of working Housew	life, even if retired)	1N	DUSTRY		" Unterlow	W Balt	o. Md.	Tara lera	July US	A.
	13	FATHER S NAME					14. MOTHER'S MAIDEN			) Joseph Andrew	7 7 7	
			Webledowld	Adam Sz	ukievitz		Theteled	dito Fr	ances S	alacht	С	
	IS.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO.	17. 1	NFORMANT		Addres	S		
	(Te	s, na, or unknown) No	(If yes give wor or dotes	at service)	unknown	Ho	spital Reco	nde Cre	າພາກຊານຳໄໄໄ	e Me	Muland	
			EATH (Enter anly one co	use per line for		110	SPICIAL INCO	100 9 013			INTERVAL BET	
		PART I. DEA	TH WAS CAUSED BY:	(0)	Massive Asc	1+0	(11 000cc)	ອກປີ ການ	lmonamr		ONSET AND D	EATH
į			DUI		basal atele			1				
		Canditions, if ony			atic_insuff							
		rise to immediate stating the unde										
		lost.	,	(c) Cirr	hosis of the	e 1	iver, marke	d				
	z	PART II OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING 1	O DEATH BUT NOT RELATE	D TO I	HE TERMINAL DISEASE CO	NDITION GIVEN II	PART 1(o)		19 WAS AUTO PERFORM	OPSY ED2
đ	ATIO		Emacia	ation								NO 🔲
	Tali	20g ACCIDENT WA		20b. DE	SCRIBE HOW INJURY OCCU	RRED	Enter nature of injury in	Part I or Part II	of item 1B.)			
	L CER		CAUSE OF DEATH MEDICAL EXAMINER)									
	MEDICAL CERTALICATION	20c. TIME OF INJ Hour 'a.	URY Manth, Day, Yeor	20d II	BURY OCCURRED 20		E OF INJURY (Home, form		ity or tawn)	(Caunt	y) (	Stote)
	ME	p.i	10	at worl	Not While at work	1001	ory, street, office bldg., etc.	1				
		21. I certi	that (I) (this ho	spital) attend	ded the deceased tro			1967_, to_	10/18		, that (!) (	
		saw the d	eceased alive on	10/18/		d that	death accurred at		ram causes o	Mary and the second		l abave
		270 S GNATURE	1 /119	K	11/2/		ATTENDING -	MED C	STAFF	22b DATE		
		Xuo	CVIII	mi	5/1/49	M.E	PHYS	DIRECTOR	PHYS L	10/	18/67	
1		22c PHYSICIAN S NAME (Type			1		22d ADDRESS	11a C+a-	ta Uaani	1+07 1	Mazerl av	. 7
(	D.A.		A CONTRACTOR OF THE PARTY OF TH		pp, M.D.		Crownsvi					
	230	REMOVAL (Specific			23c NAME OF CEMETER	UK	DEMERY	23d 1U(A)	10N (City ar Taw	6-	1	tate)
	54	CHATLAX		NAJO	ADDRESS	RU	200	D BY REGISTRAR	25h REG	STRAR'S SIGN	uriska e	161
	24	. Tolland	a Stall	1: 1	AUDICES !	19			947 0	Clark	Le Courte	MC.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13296 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution) Residence before admission) Page 0 delay is death write RURAL and give nearest town) partment c LENGTH OF STAY N lb c CITY OR PM3 B IS RESIDENCE ON A FARM? d. STREET ADDRESS d NAMETOF (If not in judge tal, give street address) NO X State Pages YES 24 hours after death 3 NAME OF Middle DATE DECEASED DEATH 8. Give l 19 6 within Type or print) alang with 6 COLUR OR IF UNDER 1 YEAR IF UNDER 24 HRS RACE MARRIED NEVER MARR ED Manths Days Haurs WIDOWED D.VORCED event Office 3 kind of work done 12 CITIZEN OF WHAT vania COUNTRY any Chief Medical Examiner's 13. FATHER'S NAME pencil be executed within 14. MOTHER S MAIDEN NAME \_= Known File 17 INFORMANT 15 WAS DECEASED EVER NUS ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, no or unknown) (If yes give war ar dates at service permit. removal CAUSE OF DEATH (Enter only one cause per line for (a) INTERVAL BETWEEN ONSET AND DEATH burial-transit PART I DEATH WAS CAUSED BY Б IMMEDIATE CAUSE (a) This certificate shauld crematian, **DUE TO** Conditions, if any, which gave (b) farwarded ta rise to immediate cause (a). DUE TO В stating the underlying cause last. bur'al, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED? NO its designated agent, prior to 9 G 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of in usy in Part or Part 1 of Item 18) 3 should PRIMARY C or CONTRIBUTING C shauld CAUSE OF DEATH WFD CAL 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (County) (Stote) Hour am factory, street, office bldg, etc.) FUNERAL DIRECTOR: Page While Nat While at wark at wark L. of the remains described above held an Autapsy [ 2). I certify that I too charae Inspection Inquiry and in my apinion the funeral director. death resulted from: Natural causes Suicide | Accident Homicide Undetermined manner retained please CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER **SIGNATURE** TO DEPUTY pe DEPUTY MEDICAL EXAMINER Health or **EXAMINER'S** may Address (Street, city, town ar caunty) NAME (Type) BURIAL, CREMATION 23b DAJE THEREOF 23d LOCATION (City of Town) un. 0 25a REC D BY REGISTRAR 25b REGISTRAR S SIGNATURE FUNERAL DIRECTOR VR A15ME (5) 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13295 CERTIFICATE OF DEATH 13297 after death tunerol PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o. COUNTY o. STATE b. COUNTY Maryland Anne Arundel Anne Amındel MARYI AND b CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If gutside corporate limits, write RURA), and give negrest town) write RURAL and give negrest town) within 24 hours Annapolis Annapolis d. STREET ADDRESS e IS RES DENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 109 Tucker Street Naval Hospital NO K 3 NAME OF First Middle Last 4 DATE Month Year DECEASED Hantske October 19 67 Blanche L. Pa (Type or print) buriol, cremotion, or remavel, and in any event, DEATH JE .. NDFR 24 HRS S SEX 6 COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR **NEVER MARRIED** Clast oirthdov) Months Dovs 27 Jan 1881 CAUC Female 100 USUAL OCCUPATION (Give kind of world done 10b. KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 11. BIRTHPLACE (County & State or foreign country) requires that the death certificate be during most of working life, even if retired) physicion ( len pleose 13 FATHER SCNAME WAY DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address frunknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a). DUE TO stoting the underlying couse WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES TY NO DIRECTOR: After this certificate 200 ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or fown) (County) (Stote) foctory, street, office bldg., etc.) Not While of work of work 21. I certify that (1) (this hospital) attended the deceased from 19\_\_\_\_, that (1) (we) lust . to and that death accurred at M, from causes and an the date stated above. saw the deceased alive on. 220-SIGNATURE 22b DATE SIGNED director, poge 3 should be filed v PHYS DIRECTOR 22d, ADDRESS HYSIC ANS FUNERAL NAME (Type) directo 230 BURIAL-CREMATION 23b. DATE THEREO NAME OF CEMETERY OR CREMATOR 2So. RECD BY REGISTRAR



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 havrs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) Ann Arundel Co. o. COUNTY o. STATE Maryland b. COUNTYAnn Arundel Co. MARYLAND b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gien Burnie H anover d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? event, within 72 paper Rt.#2 Box 106 Harmans Rd. North Arundel Hospital YES NO 3 NAME OF First Middle Lost 4. DATE DECEASED 10-28-67 Harrington Watson (Type or print) 19 DEATH F UNDER 1 YEAR S. SEX 6 COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 24 HRS. 7 MARRIED NEVER MARRIED Negro tost pirthdoy) Male Hours 6-30-94 and in any WIDOWED DIVORCED 10o JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT physician on please COUNTRY?S.A. during most of working life ever it retired) INDUSTRY N. Carolina 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME signed by the attending physi burial-transit permit. Then pl burial, crematian, ar remaval, Sallie Nailer Frank Harrington attending p 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) Myrtle Strong Rt.2 Box 106 Harmons L8-07-6325A CAUSE OF DEATH (Enter only one couse per line-for (o), INTERVAL BETWEEN ond (c)) PART I. DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CAUSE (a) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. DHE TO Conditions, if any, which gove rise to immediate cause (a). DUE TO for use as the li Health priar tal stoting the underlying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO this certificate 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW AUJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY-MEDICAL EXAMINER) detached 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour om. Not White foctory, street, office bldg . etc.) TO FUNERAL DIRECTOR: After of wark Vicertify that (1) (this haspital) attended the deceased from director, page 3 shauld shauld be filed with the saw/the deceased alive an and that death accurred at 5 M, fram causes and an the date stated above. 220. SIGNATUR ATTENDING DIRECTOR VR A15 (4) 20 M 1/66



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTA MARYLAND b. CITY OR TOWN (if outside corporate timits c. LENGTH OF STAY IN 16 write BURAL and give nearest town! a. 15 RESIDENCE d NAME OF HOSPITAL OR INSTITUTION Lit not in hospital, give street address) d STREET ADDRESS ON A FARM? YES NO IN 3. NAME OF 4. DATE Month Day Year Mrdd.e DECEASED OF (Type or print) DEATH 196 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. DATE OF BIRTH last birthday) Months Devs WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working tife, even if relired ETTRED 13. FATHER'S NAME attending ᇻ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT (Yes, no, br unkown) | (If yes give war or datas of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. PART HOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO TH 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part or Part II of item 18 IT EITHER, NOTIFY MEDICAL EXAMINER (State) 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.] Not While While Hour s.m. at work at work p.m. CTOR (a., 19.6., Ahat (1) (we) last 21. | certify that (I) (this hospital) attended the deceased from ... .19. Q..., and that death occurred at 200M, from the causes and on the date stated above 22b, DATE 22a SIGNATURE death, Page
TO FUNERAL
director, page 3 sh
be filed with the S ATTENDING , S. GNED PHY5 DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type CEMETERY OR CREMATORY (State) BURIAL, CREMATION, | 23b. DATE MERCOYAL (Specify) FLINERAL DIRECTOR'S, SIGNATURE VR A15 (4) 15M 7-62

**PTMENT OF HEALTH** 



B)	1		1/	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	FOR S	TATE /	4	13292 Item #7 Film MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13300
-	HEALTH	DEPT		PLACE OF DEATH  O. COUNTY  MARYLAND  2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission)  o. STATE  MARYLAND
	y delay 1s and 3 ta PM3. Page	nel to	-	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)
	22.9	partn	-	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d STREET ADDRESS  e is response.
	les 1,	te De		D.O.A - PANN C. ARUN del. Gens.
	er death	File pages 1 and 2 with the State Department. ? hours after death.	3	NAME OF First Middle Lost 4 DATE Month Doy Year DECEASED (Type or print) Length D Markes Cold DEATH 10 11 1967
	after 8 Cris	vith t	3	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (in years   FUNDER 1 YEAR   IF UNDER 24 HR
	00	jes land2 w after death.	-	Do USUA, OCC. PATION (G ve kind of work done 10b. KIND OF BUS NESS OR 11 BIRTHPLACE (Stote or fore gn country) 12 CITIZEN OF WHAT
	24 In	es la after	L	Uring most of working to even if retired) INDUSTRY HYATTS C'ILE MED COUNTRY? CA
	d within 24 in pencil in Examiner's	e pag		13 FATHER'S NAME B HARRISON Florence MADE TARRISON
	- 0	permit. File pag within 72 hours		S WAS DECEASED EVER IN U.S. ARMED FORCES?  16 SOCIAL SECURITY NO 17 INFORMANT  (Yes, no, or unknown) (If yes give wor or dates of service)  17 Address  Address  Address  Address
•	e executed pending" in ef Medical E	it per	-	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) PART I. DEATH WAS CAUSED BY:  NTERVAL BETWEEN ONSET AND DEATH
	-D - 'E	burial-transit any event		1 + + 1 DUE TO Sender Treescher Che.
	shauld te ward a the Ch	burial n any		Conditions, if ony, which gave ) (b) nise to immediate cause (o), DUE TO
	certificate shauld writing the ward irwarded to the C	as a		lost. (c)
		be used emaval,	T WAR	PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19 WAS AUTOPSY PERFORMED?  YES NO 16
	INER: This ie certificate, should be fa	or a	18	PRIMARY CLOT CONTRIBUTING CL
	Z = 4	yaur files Page 3 sho crematian,	A CALL	20c. TIME OF INJURY Month, Day, Yeor 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form foctory, street, office bldg., etc.)  P. m. 19 of work of work
	MEDICAL EXA lease execute director, Page	For your TOR: Po		21   certify that   table energies of the remains described above, held on Autopsy   , Inspection , Inquiry ond in my apini
	MEDICA lease ex director.	DIRECTO DIRECT		death resulted from Notural causes , Accident , Suicide , Homicide , Undetermined manner
		RAL DI RAL DI prior to		SIGNATULE ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER
	O DEPUTY necessary, the funeral	S may be re		NAME (Type) = 1= 11/1/14/2017 - Address (Street, city, town, or county) 10-11-67
	To nec	~ # A	, [	1230 BUR AL CREMATON, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (Cty or Town) (County) (State)  BURJOL (Specify) / 10/4/67 FF LINCOIN BURG OF CEMETERY OR CREMATORY  BURJOL (Specify) / 10/4/67 FF LINCOIN BURG OF CEMETERY OR CREMATORY
		15ME 15		24 FUNERAL DIRECTOR  TA Have gates Gales ville, W. 250 REC'D BY REGISTRAR'S SIGNATURE  DATE OCT 26 1967 Francis Signature



13299

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

13301

a. COUNTY A CO MARYLAND 0 STATE	ESIDENCE (Where deceased lived, if institution Residence before admission)  b COUNTY
b. CITY OR TOWN (If outside corporate limits, write RVRAL org give neorest town)  Shall Corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR 1	ion o count
write RYRAL ord give neorest town) Shade 24 #5	
Shady Side dyn J	IOWN (If autside carparate limits, write RURAL and give nearest town)
	hour side
a make of host the of host to to at hospital, give sites doctessy	
	ON A FARM? YES NO
3 NAME OF DECEASED CONFIRST (1) / Middle Hayes	OF Matheway (17)
S. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BI	DEATH OCCUPATION
WIDOWED DIVORCED ALOU	4, 1965 /last burthary) Manths Days Hours Min
	ACE (County & State or foreign country) 12 CITIZEN OF WHAT
during most of working life, even if retired)  INDUSTRY  PRIM	Re Georges Co. M. COUNTRY? USA
13. FATHER'S NAME 14. MOTHER	S MAIDEN NAME
Ted Will HAYES BAI	RBARA SEAUER
15 WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unknown) (If yes give wor or dates of service)	Address
Ted W.	HAVES, SMAU SIDE, MA
1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY- IMMEDIATE CAUSE (a) USbir ation of	Vomites Immediale
DUE TO GOLD	1 4. 111
(Canditions, if any, which gave) (b) Cystic +ibro.	sis - preumonitis since birth
rise to immediate cause (a), stating the underlying cause DUE TO	
lost. (c)	
	DISEASE CONDITION GIVEN IN PART I(g) 19 WAS AUTOPSY
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL	
PART II OTHER SIGNIF CAN'T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL	PERFORMED?
20h DESCRIBE NOW INTERPRED SENTENCE TO THE PROPERTY OF CHIPPER SENTENCE TO THE PROPERTY OF THE	PERFORMED? YES NO
20b DESCRIBE HOW INJURY OCCURRED (Enter nature of the first contribution of contributions) account the contribution of contributions of contri	PERFORMED? YES NO
20b DESCRIBE HOW INJURY OCCURRED (Enter nature of the first contribution of contributions) account the contribution of contributions of contri	of injury in Part I or Port II of item IB )  (Hame, farm, 20! (City or town) (County) (State)
20a ACCIDENT WAS UNDER, YING CORRED (Enter nature of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	of injury in Part I or Port II of item IB )  (Hame, farm, 20! (City or town) (County) (State)
20a ACCIDENT WAS UNDERLYING  20a ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)  20b DESCRIBE HOW INJURY OCCURRED (Enter nature of the contribution of the contr	PERFORMED? YES NO (State)  (Hame, form, ce bldg, etc)  (Caunty)  (State)
20a ACCIDENT WAS UNDERLYING \( \) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of the contributing \( \) 20c CONTRIBUTING \( \) CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)  20c. Time OF INJURY Month, Day, Year Hour a.m.  p.m.  19 While \( \) 21certify that (I) (this hospital) attended the deceased from	PERFORMED? YES NO ( of injury in Part I or Port II of item IB )  (Hame, farm, ce bldg, etc.)  (County) (State)
20a ACCIDENT WAS UNDER YING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year  Hour a.m.  p.m.  19  21. 1 certify that (I) (this haspital) attended the deceased from saw the deceased after an acceptable of the saw that death acceptable at says the deceased after an acceptable of the saw that death acceptab	PERFORMED? YES NO (State)  (Hame, farm, ce bldg, etc)  (Cry ar tawn)  (Caunty)  (State)  (State)  (State)  (Urrea at 10 M, from causes and an the date stated above.
20a ACCIDENT WAS UNDER YING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour a.m. pm 19 21. 1 certify that (I) (this haspital) attended the deceased from saw the deceased after an and that death accessed signature  22a SIGNATURE  ATTENDIN M.D. PHYS.	(Hame, farm, te bldg, etc)  (Hame, farm, to bldg, etc)  (City ar tawn)  (Caunty)  (State)  (State)  (State)  (State)  (State)  (State)  (State)  (State)
20a ACCIDENT WAS UNDER YING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour a m. p m 19 21. 1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on 19, and that death accessed signature  22a SIGNATURE  20b DESCRIBE HOW INJURY OCCURRED (Enter nature of the deceased from advance) and the deceased from	(Hame, farm, te bldg, etc)  (Hame, farm, to bldg, etc)  (City ar tawn)  (Caunty)  (State)  (State)  (State)  (State)  (State)  (State)  (State)  (State)
20a ACCIDENT WAS UNDER YING  20b DESCRIBE HOW INJURY OCCURRED (Enter nature of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour a m. pm 19 20d Injury OCCURRED while atwark of factory, street, office atwark of work 21. 1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on 19 , and that death accompany of the deceased divergence of the control o	(Hame, farm, te bldg, etc)  (Hame, farm, to bldg, etc)  (City ar tawn)  (Caunty)  (State)  (State)  (State)  (State)  (State)  (State)  (State)  (State)
20a ACCIDENT WAS UNDER YING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour a.m. b.p.m. 19 2Dd Injury OCCURRED While at work at work of a work of while and the deceased from saw the deceased alive on 19 and that death account of the deceased alive on 22a SIGNATURE ATTENDING THE SAW THE DECEASE AND ATTENDING THE SAW TH	PERFORMED? YES NO  of injury in Part I or Port II of item 1B )  (Hame, form, ce bldg, etc)  (Caunty)  (Caunty)  (State)  (OF DATE SIGNED)  (DRESS Shady Side Mary land
20a ACCIDENT WAS UNDER YING DOR CONTRIBUTING DOR CONTRIBUTING DOR CONTRIBUTING DORSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour ann. 19 20d Injury Occurred While at work of factory, street, office at work 19 and that death accessed from 19	PERFORMED? YES NO  of injury in Part I or Port II of item 1B )  (Hame, form, ce bldg, etc)  (Caunty)  (Caunty)  (State)  (OF DATE SIGNED)  (DRESS Shady Side Mary land

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completen fulled in by the funeral director, page 3 should be detached for use as the bural-transit permit. Then please remark carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, ar remaral, and in any event, within 72 haurs after death. 10 HOSPITAL OR ATTENDING PHYSICIAN: The Taw requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67



I'm by the funeral ers Pages 1 and 2

haurs after death,

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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VR A15 (4) 25M 1/67

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carben pages should be filed with the State Dept at Health priar ta burial, crematian, ar remayal, and in any event, within

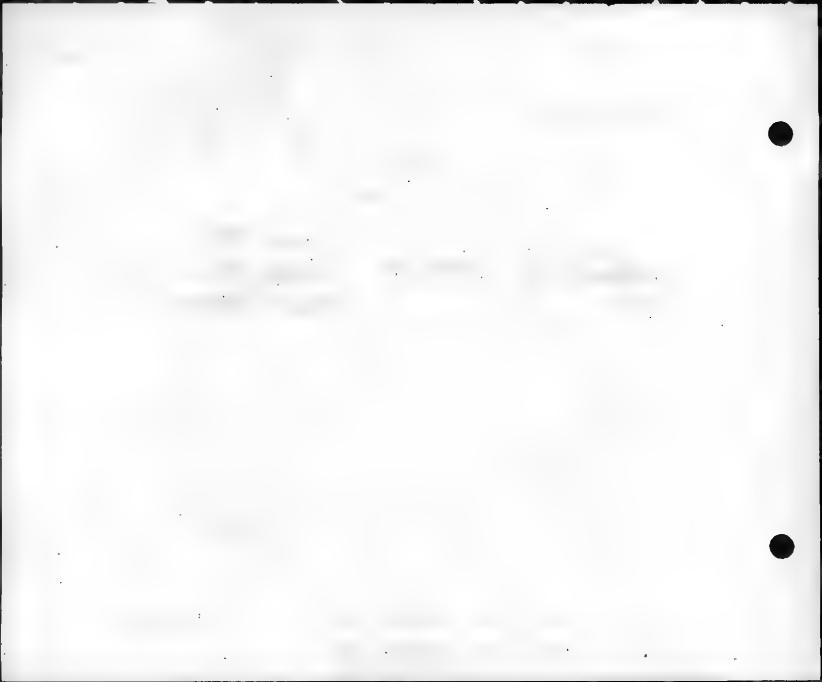
V		2000	/{		CERTI	FICATE	OF DEATH		13302	
-		PLACE OF DEATH							t an Residence before admission	1)
		o. COUNTY AT	ne Arundel		MA	RYLAND	o. STATE Marv	la <b>nd</b> b. cou	Calvert	
		b CITY OR TOWN (I	f outside corporate lumi	ls,	c. LENGTH OF STAY			itside corporote limits, write RU		
		Crownsv	give nearest town)				Princef	rederick	04	
		d. NAME OF HDSPIT	AL OR INSTITUTION (If n	at in hospitol, a	(ve street address)		d STREET ADDRESS	10001107	e IS RESIDE	N(E
'n			ville Stat						DN_A FAF	RM?
		NAME OF		nzt te <u>i ingali</u>	Middle		Lost	4. DATE Mon	1 9	
		DECEASED (Type or print)	E.	l ma	James		Height	OF DEATH	D 3 19 F	
	S		6. COLOR DR RACE	7 MARRIED	NEVER MARRIE	IED 🔽 I	B. DATE OF BIRTH	9 AGE (In years	IF UNDER I YEAR IF UNDER	
		M	UF.	WIDOWED	DIVORCE	الغبا	7/18/08	last herhday)	Months Days Hours	Min.
	10a	. USUAL OCCUPATION	(Give kind of work done	10b KII	ND OF BUSINESS OR			& State, or foreign country)	12 CITIZEN OF WHAT	
	duri	ing most of working t Labore	life, even if retired)	IN	DUSTRY		, ,		CDUNTRY?	
	13.	FATHER'S NAME					Maryl 14. MOTHER'S MAIDEN I	NAME		
		Steve	Waicht							
	15	WAS DECEASED EVE	RINITS TRANSPORTES	16, 5	SOCIAL SECURITY NO.	17	<u>Sarah Ca</u> NFORMANT	STIP - Addr	ress	
	(Ye		(If yes give wor or dates	of service)						
	-	NO CAUSE OF DE	ATH (Enter only one co		Inknown		ebiral keco	ras, Lrownsv	ille Marylanc	VEEN !
			H WAS CAUSED BY	'		1.			ONSET AND DE	
4.				(0) Arte:	F106Cler	OTIC	Heart Disc	<del>250</del>		
		Conditions, if any,	which gove )		nio Anai	D 5	daoan occa	ciated with		
		rise to immediate stating the under	couse (a),	TD, 41	ioscleros	m s =	urume asse			
		lost.	ITING COUSE	(t)	TOSCIELOS	515				
	_	PART II OTHER SIG	SNIFICANT CONDITIONS	ONTRIBUTING T	O DEATH BUT NOT RE	ELATED TO T	HE TERMINAL DISEASE COM	IDITION GIVEN IN PART 1(0)	19 WAS AUTOF	PSY
	4110							(-/	PERFORME	D7 10
	CERTIFICATION	20a ACCIDENT WAS		20b. DES	CRIBE HOW INJURY	OCCURRED (	Enter nature of injury in I	Port I or Port II of item 18)	1 100 ( )	
		OR CONTRIBUTING I						•		
	MEDICAL	20c TIME OF MILL	RY Month, Day, Year		IJURY OCCURRED		E OF IN. JRY (Home, form		(County) (St	tote)
	MEC	Hauria.m p.m	1,	While at work		facto	ary, street, office bldg , etc.)			
			y that (I) (this has	-		fram	1/7/ 1	62 to 103/		e) last
			ceased alive an		19.67,	and that	death accurred at		and on the date stated	abave.
		22o. SIGNATURE			1			P	22b. DATE SIGNED	
			Xu	· An	, Kan	M D	ATTENDING PHYS	MED. STAFF DIRECTOR PHYS	10/4/67	
		22c. PHYSICIAN S NAME (Type)	D D				22d ADDRESS			
				kan, M.	.U.		Crownsvi	lle State Ho	spirtal, Maryl	and
	230	BUPPAL, CREMATIO REMOVAL (Specify)	N, 23b DATE TH	EREOF	23c NAME OF CEN			23d. LOCAT ON (City or To	( )/	- 1
			1/1-10	- 67	Carrolf	Ch.C	an.	Barstow-	Cal. M	d
	24.	. FUNERAL DIRECTOR	2.0	0	ADDRESS	, .	2So RECO		EGISTRAR'S SIGNATURE	
7	7	FES.	well 1	TLAMER	) sederis	k. n	Ad DATECT	1 7 1967 3	are an Judge.	



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon lapers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deept. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

UERTIFICAT	E UF DEATH	37777
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution	on: Residence before admission)
a. COUNTY A A - CO	a. STATE A b) COUNTY	110000
b. CJTY/OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RI	IRAL and give nearest town)
write RURAL and give nearest town)	Rural- Finrate	3 30
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		
d. HAME OF ROSETTAL OR INSTITUTION (IT NOT IN ROSEITAL, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
amofall fursua formal	18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	YES NO.
3. NAME OF / First) / Middle	Last 4. DATE Month	Day Year
(Type or print). Where Dennie 1/2	OF DEATH 10-12-6	19
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH   9. AGE (In years   IF UN	DER 1 YEAR HE LINDER 24 HRS.
WIDOWED DIVORCED	Sept 7 1074 last birthday) Mont	ths Days Hours Min.
10a, USUAL OCCUPATION (Cive kind of work done   10b, KIND OF BUSINESS OR	11. BIRTHPLACE (Country State, or fireign country) 1	2. CITIZEN OF WHAT
during most of working life, even if retired INDUSTRY	122/4	COUNTRY
Holometres	D4110.114.	4.8.
13. FATHER'S NAME   N / / 2 Ma Ma / 2 /	14. MOTHER'S MAIDEN NAME	100
Wheatley II HEMMICK	1:3192. LE. ACH	62
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes, no,/hr dinkown) [(If yes give war,or dates of service)]	INFORMANT Address	H- 2
(11 yes the war or dates of service)	enneth & Hemmy to -	1-2
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	-1110111 - 77-1111011	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
IMMEDIATE CAUSE (a):		
DUE TO 1/ ( )	` '	
Conditions, If any, which gave rise to immediate (b)	J	
cause (a), stating the DUE TO		
underlying cause last. (c)		
PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIGIOUS CONTRIBUTING TO DEATH BUT NOT RELIGIOUS CONTRIBUTIONS CONTRIBUTION	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
CAI		YES NO NO
20a. ACCIDENT WAS UNDERLYING []   20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of injury in Part I or Part II of Item	
OR CONTRIBUTINC CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	CE OF INJURY (Home, farm, 1 20f. (City or town)	(County) (State)
	ory, street, office bldg., etc.)	(County) (State)
p.m. 19 at work at work		
21. I certify that (I) (this hospital) attended the deceased from	9 (0 (0), 19 to 196/, 1	9, that (I) (we) last
saw the deceased alive on 10-10-19 and that	t death occurred a M. from the causes and	on the date stated above.
22a. SIGNATURE	7   22b	DATE SIGNED
Colen V. Holu M.	D. PHYS. MED. STAFF PHYS.	10-12-61
22c. PHYSICIAN'S	22d. ADDRESS	1
NAME (Type) DEDEVITE A HIM	1 Severna Jon	10 ma
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETER)	Y OR CREMATORY   23dLOCATION (City, town or	r county) (State)
REMOVAL (Specify)	7-1-140	MI
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR   25b. REGIST	RAR'S SIGNATURE
The think I have he had		
1 My MI Yayar John CI. Mapita, M	DATOCT 17 1967 gclio	enlar Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased led, if institution Residence before admission) a COUNTY n. STATE C. ENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If outside corporate mits, write RURAL and give nearest town) winte RURAL and give nearest town) . d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS S RESIDENCE ON A FARM? haurs DO.M- NORPH. ARUNDEL-HOS 11165 Highland AVE YES NO 🖂 24 hours after death DECEASED HENNEL 67 19 6 COLOR OR RACE NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR lost birthday) Months DEC. 26, 1924 LUBITE WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 1) BIRTHPLACE (State or foreign country) 12 CT ZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? BALTIMORE, MD

14. MOTHER'S MAIDEN NAME UNEMPLOYED LABORER 13 FATHER S NAME CLARENCE G. HENNEL WATSON JEANETTA 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 16 SOCIAL SECURITY NO 17. INFORMANT remayal. SAME. JEANETTA HENNEL 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY
"MMEDIATE CAUSE (a). ONSET AND DEATH certificate should crematian, Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse 19 WAS AUTOPS PART 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO 2 200 EXTERNAL CAUSE WAS PRIMARY DO CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of in any in Part or Part I of Item 1B.) Health or its designated agent, priar CAUSE OF DEATH. 20c TIME OF INJURY Month, Day Year 20d INJURY OCC. PRED 20e PLACE OF INJURY (Home, form, (( Iv or town) ((county) (Stote) factory, street, office bldg, etc.) White A MCO Pm 3.9 30 1967 MD ot work L. ot work HIGHWALL the funeral director. Page 21. I certify that I taak charge of the remains described above held an Autopsy Inspect on -Inquiry | and in my opinian death resulted fram Natural causes Accident -Hamicide 🗌 Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 10-1-6 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BUR AL CREMATION 0 REMOVAL (Specify) -67, BALTIMORE NATIONAL CEM 5501 FREDERICK AUE BALTO, BURLAI 25b REGISTRAR'S SIGNATURE VR A15MI DATO CT 5



3. NAME OF DECRASED ITYPO OF PACE 7, MARRIED NIVER MARRIED S. DATE OF BIRTH  DECRASED ITYPO OF PACE 7, MARRIED NIVER MARRIED S. DATE OF BIRTH  DECRASED ITYPO OF PACE 7, MARRIED NIVER MARRIED S. DATE OF BIRTH  DECRASED ITYPO OF PACE 7, MARRIED NIVER MARRIED S. DATE OF BIRTH  DIS. USUAL OCCUPATION (Give kind of work done during most of working life, awan ir retirad)  DIVORCED DECRASED EVER IN U.S. ARMED POACEST 10. KIND OF BUSINESS OR INDUSTRY II BIRTHPLIKE (County & State, or foreign country)  13. MARRIED NIVER MARRIED NIVER MARRIED NIVER MARRIED NIVER VIEW MORE 24 MARRIED NIVER VIE		MARYLAND STATE DEPARTMENT OF HEALTH	r a aa a byl	AND
ALL CELEPTION (Give line)  Dealer of North (in outlide corporate limit)  ANALOGUE  Dealer of TOWN (if outlide corporate limit)  ANALOGUE  Dealer of Town (if outlide corporate limit)  ANALOGUE  Dealer of Town (if outlide corporate limit)  Dealer of North STITUTION (if outlie hospital, give street eddress)  Dealer of North STITUTION (if outlie hospital, give street eddress)  Dealer of North STITUTION (if outlie hospital, give street eddress)  Dealer of North STITUTION (if outlie hospital)  Dealer of North S			1330s	AND
A JAMOS DESTINATION (If social hospital, give afreet eddress)    A JAME OF DECEASED   PRICE   Middle   Last   A DATE   Month   Day   Teast   DECEASED   Type or print)   A DATE   Middle   Last   A DATE   Month   Day   Teast   DECEASED   Type or print)   A DATE   Middle   Last   A DATE   Month   Day   Teast   DECEASED   Type or print)   A DATE   Month   Day   Teast   DECEASED   Type or print)   A DATE   Middle   Last   A DATE   Month   Day   Teast   DECEASED   Type or print)   A DATE   Middle   Last   A DATE   Month   Day   Teast   DECEASED   Type or print)   DECEASED   Type or print)		a. COUNTY  AN NE A YOU DE COUNTY  b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (if outside corporate limits, write	Prince	George
NAME OF DECEASED   First   Middle   Last   A DATE   Month   Day   Teat   DECEASED   Type or print)   A COCK OK RACE   T. MARRIED   NEVER MARRIED   B. DATE OF BRITH   9. AGE (in years   FUNDER 14 And the part   19. Age (in years   19. Age (		ANNAPOLIS (MONTES)  d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  d STREET ADDRESS		o. 15 RESIDEI ON A FAI
De. USIALO CCURATION (Give kind of work) fore during most of working life, aven if relirad) DIVORCED DIVORCED DIVORCED DIVORCED A variant relirad) DIVORCED DIVORCED A variant relirad) DIVORCED DIVORCED A variant relirad) DIVORCED DIV		NAME OF DECEASED (Type or print) LAWRENCE P. HICKS DEATH OCT	15	Year 1967
ADALE MAKER  3. FATHER'S NAME  4. MOTHER'S MAIDEN NAME  5. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  Address  5. HOLLE  17. FATHER'S NAME  18. CAUSE OF DEATH [Enier only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, whech gave rise to immediate cause  (a), stating tha underlying  OR CONTRIBUTING III CAUSE OF DEATH  (b)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART II. OTHER SIGNIFICANT CONDITIONS  OR CONTRIBUTING III CAUSE OF DEATH  (If ETHERE, NOTHER SIGNIFICANT CONDITIONS  OR CONTRIBUTING III CAUSE OF DEATH  (If ETHERE, NOTHER SIGNIFICANT CONDITIONS  19 all work iii and work iii of a work iii o	104	WIDOWED DIVORCED DEC /S /8 ST yrs.  But USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country)	Months Days	Hours Mi
18. CAUSE OF DEATH [Enier only one cause per line for [a], [b], and (c).  18. CAUSE OF DEATH [Enier only one cause per line for [a], [b], and (c).  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause [a], sletting the underlying  Core contributing and contributing to Death But not related to the terminal disease condition given in Part I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PREFORM  YES  NO  NO  19. WAS AUTOM  PERFORM  YES  NO  19. WAS AUTO	C	Abwet MAKER KAILTOAR PENNA.  FATHER'S NAME  14. MOTHER'S MAIDEN NAME	U	.5.
PERFORM YES NO  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Entar nature of injury in Part I or Part II of item 18.)  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Entar nature of injury in Part I or Part II of item 18.)  20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20a. PLACE OF INJURY (Home, farm, factory, streat, office bidg., etc.)   20f. (City or town)   (County)   (Stream of injury in Part II or Part II of item 18.)  20c. TIME OF INJURY   Month, Day, Year   20d. INJURY OCCURRED   20a. PLACE OF INJURY (Home, farm, factory, streat, office bidg., etc.)   20f. (City or town)   (County)   (Stream of injury in Part II or Part II or Item 18.)  21.   Certify that (I) (this hospital) attended the deceased from   20f. (City or town)   (County)   (Stream of injury in Part II or Part II or Item 18.)  21.   Certify that (I) (this hospital) attended the deceased from   20f. (City or town)   (County)   (Stream of injury in Part II or Item 18.)  22a.   Signature   20f. (City or town)   (County)   (Stream of injury in Part II or Item 18.)  22b.   County   20f. (City or town)   (County)   (Stream of injury in Part II or Item 18.)  22c.   Time Of Injury   20f. (City or town)   (County)   (Stream of injury in Part II or Item 18.)  22a.   Signature   20f. (City or town)   (County)   (Stream of injury in Part II or Item 18.)  22a.   Signature   20f. (City or town)   (County)   (Stream of injury in Part II or Item 18.)  22b.   County   20f. (City or town)   (County)   (Stream of injury in Part II or Item 18.)  22a.   Signature   20f. (City or town)   (County)   (Stream of injury in Part II or Item 18.)  22a.   Signature   20f. (City or town)   (County)   (County)   (Stream of injury in Part II or Item 18.)  22b.   Certify that (I) (Item 18.)  22c.   Part II or Item 18.)  22d.   ADDRESS   23d.   LOCATION (City, town or county)   (Stream of injury in Part II or Item 18.)  22a.   Part II or Item 18.)  22b.   County II or Item 18.)  22c.   Part II or Item 18.)  22c.   Par	(114	18. CAUSE OF DEATH [Enlar only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE [a)  DUE TO  Conditions, if any, whech gave rise to immediate cause [a), stating the underlying  DUE TO	-ANDAM	M Q . TERVAL BETWEE
Hour a.m.  19  at work	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH		PERFORM
saw the deceased alive on	MEDICAL	Hour a.m. Whila Not Whila factory, streat, office bldg., etc.)		(Sta
REMOVAL (Specify)    15-17-67   FT. LINCOLN   ColMAR MONOR   Mc 24 FUMERAL DIRECTOR'S SIGNATURE   ADDRESS   258. REC'D BY REGISTRAR'S SIGNATURE		saw the deceased alive on		` ` `
		REMOVAL (Specify)   SURJAL   10-17-67   FT. LINCOLN   COLMAR MIL  FUNERAL DIRECTOR'S SIGNATURE , ADDRESS   250. REC'D BY REGISTRAR   250. REC'D BY R	NOR	(Stale



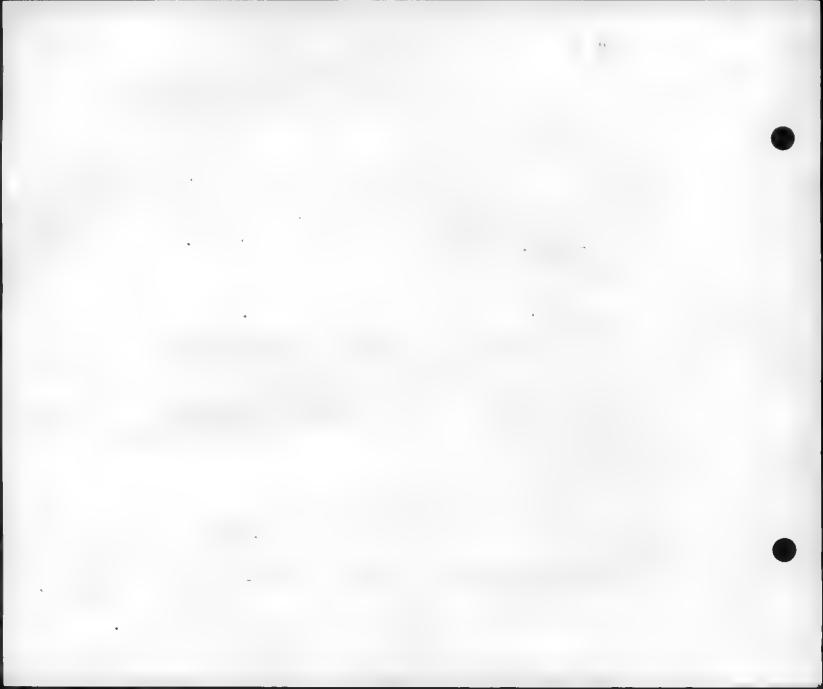
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	-	_000			CLKIII	ICAIL	OI DEATH						
	1. 1	PLACE OF DEATH	7	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)									
	(	o. COUNTY Arny	ne Arundel		MAR	YLAND	o. STATE Maryland b. COUNTY Anne Arundel						
		b. CITY OR TOWN (I	f outside corporate limit	ts,	C LENGTH OF STAY		c CITY OR TOWN (If outside corporate mits, write RURAL and give nearest town)						
			give nearest town)					erna l		J		,	1
			AL OR INSTITUTION (If n	at in haspital, a	live street address)		d. STREET ADDRESS					e IS RESID	ENCE
		Annapoli	s Nursing				7 Lu	na Lar				ON A FA	NO
		NAME OF DECEASED (Type or print)	4	irst EMAN	Middle A		HILL	4. DAT	Octobe		Doy 9		67
	5	SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIE		B DATE OF BIRTH		9 AGE (In years		R 1 YEAR	IF JNDER	
	Ma	ale	White	WIDOWED	DIVORCE		Sept. 7,	1882	last birthday)	Months	Doys	Hours	Min
	10a duri	JSUAL OCCUPATION no most of working	(Give kind of work done life, even if retired) - Engineer	10b KI IN	ND OF BUSINESS OR DUSTRY		11 BIRTHPLACE (Cou		r fareign country) Md •		OUNTRY?		
	13	FATHER 5 NAME					14. MOTHER'S MAIC	EN NAME					
		Thomas	Kill Kill				Har	riet	Westco	ott			
	15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES		SOCIAL SECURITY NO.	17. 1	NFORMANT		Add	ress	-		
	(re	NO NO	(If yes give war at dates None	or service 2	4-03-196	2 Mrs	. Kathryn	F. Hi	ill same	addre	255		
		Canditians, if any, rise to immediat stating the under last.	e cause (a), (	(b) Para (b) AS		scul	Pas acc	idos	t		5 hr	ERVAL BETT SET, AND D SMOOTH	and.
7	ATION	\//.	GNIFICANT CONDITIONS (		O DEATH BUT NOT RE	LATED TO T	THE TERMINAL DISEASE	CONDITION (	GIVEN IN PART 1(a)			WAS AUTO PERFORMI	IPSY ED? NO
	CERTIFICATION	200 ACCIDENT WAS OR CONTRIBUTING	JNDERLYING		SCRIBE HOW INJURY C	OCCURRED (	(Enter nature of injury	n Part I or	Port II of item 18)				
	MEDICAL	20c TIME OF ENSU Haur a n	10	20d. 17 While at worl			CE OF INJURY (Home, ary, street, affice bldg,		f (City ar town)	(0	(ytnuo	(	State)
			ty that <del>(1)</del> (this has	spital) often			O/7 death occurred	19 <i>67</i> of 3.30	M, from causes	, 19 ond on		iot <del>r(1)-</del> (v e stated	
		220 SIGNATURE	F. Verko	سب	mo.	M.C		MED DIRECTOR	R STAFF PHYS.	22b	DATES GN	167	
1		22c PHYSICIAN'S- NAME (Type)	PETER F.V	ERKO	uw me	٥	1407	FORE	ST DRIVE	AN	NAP	CKIS,	rid.
	230	BURIAL, CREMATIC REMOVAL (Specify Crama ti	1 11		Greenmou				LOCATION (City or 1	` .	(County	) (5	tate)
	24	FUNERAL DIRECTO		~	ADDRESS-	//		REC'D BY REG		REG SIRAR S	SIGNATUR	in -	-
A	1/	1 1 1	. / .	1	150	113	1 So DATE	OCT 1	6 1967	your	rea	Jus	

ID HOLPITAL OR ATTEMBING PHY ICIAM: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave earban papers. Pages 1/ and shauld be filed with the State Dept of Health prior to burial, cremation, ar removal, and in ony event-within 72 hours after death



VR AI5 (4) 2DM 1/65

		AND STATE DEPA			
<b>DIVISION OF</b>	STATISTICAL RESEAR	CH AND RECORDS, 3	301 W. PRESTON	STREET, BALTIMOR	E 1, MARYLAND
33112		CEDTIFICATE	OF DEATH		40000

13305 CERTIFICAT	TE OF DEATH	1330'7
1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If It	
A. A. MARYLAND	a. state b. cou	A.A.
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, w	rite RURAL and give nearest town)
Glen Burnie	Woodlawn Heights	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address		e. IS RESIDENCE ON A FARM?
N. Arundel Gen. Hospital	lili9 Glendale Ave.	YES NO K
3. NAME DF FIRST MIDDLE GEORGE JOSEPH	HIMMEL 4. DATE Mon DF DEATH Oc tob	per 7 1967
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	l ast birthday)	IFUNDER 1 YEAR   IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	Oct. 10, 1915   51 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY COPPE	11. BIRTHPLACE (County & State, or foreign country	y) 12. CITIZEN OF WHAT COUNTRY?
Inspector Rivera Brass &	Maryland	U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
George Himmel  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	Ella Kirby	
(Yes, no, or unkown) ((If yes nive war or dates of service)	. INFORMANT Addri	B\$\$
	orothy May Himmel (same)	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	100	ONSET AND DEATH
IMMEDIATE CAUSE (a) / Mocandial	onfaction-acute	<u> </u>
Conditions, If any, which )	Olto in Part Call	and the second
gave rise to immediate	Muchallou Char	many.
cause (a), stating the DUE TO underlying cause last.		
	LATED TO THE TERMINAL DISEASE CONDITION GIVEN I	N PART 1(a) 19. WAS AUTDPSY
CAT		PERFORMED?
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REI  2Da. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of injury in Part I or Part II	of Item 18.)
facility of the state of the st	ACE OF INJURY (Home, farm,   2Df. (City or town) tory, street, office bidg., etc.)	(County) (State)
Hour a.m.  p.m.  19   While   Not While   ract   at work   at work	A	
21. I certify that (I) (this hospital) attended the deceased from	Jan 1966, 1966, to Oct	Z, 195. 2, that (1) (we) last
saw the deceased alive on 19.62, and the	at death occurred at 4. M, from the causes	s and on the date stated above.
22a. SIGNATURE -	ATTENDING IN MED. STAFF	22b. DATE SIGNED
220 PHYSICIAN'S	LD. ATTENDING DIRECTOR PHYS.	0ct. 9, 1967
NAME (Type) Mario J. Reda, Sr., M.D.	4016 Ritchie Hgwy.,	Baltimore, Md. 25
REMDVAL (Specify)	· · · · · · · · · · · · · · · · · · ·	A.A.Col, Md.
Burial Oct. 11,1967   Glen Haven  24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b.	
George J. Gonce - 4001 Ritchie Hgwy., Ba	ltimore para CT 1 0 1967	Charles man



■ DIPETY Natical EXAMINEN: This certificate strougly be executed in Item 18 Give Pages 1, 2, and 3 ta necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18 Give Pages 1, 2, and 3 ta

WANTED TAXABINING

FIL DIPHTY

TO FUNERAL DIRECTOR: Page 3 shauld be used as a bunal-transit permit. File pages Tandsameth Hea th prior ta burial, cremation, ar remayal, and in any event within 72 hours after death

5 may be retained far yaur files.

VR A15ME (5) 6M 1/67

arry delay is

the State Departme

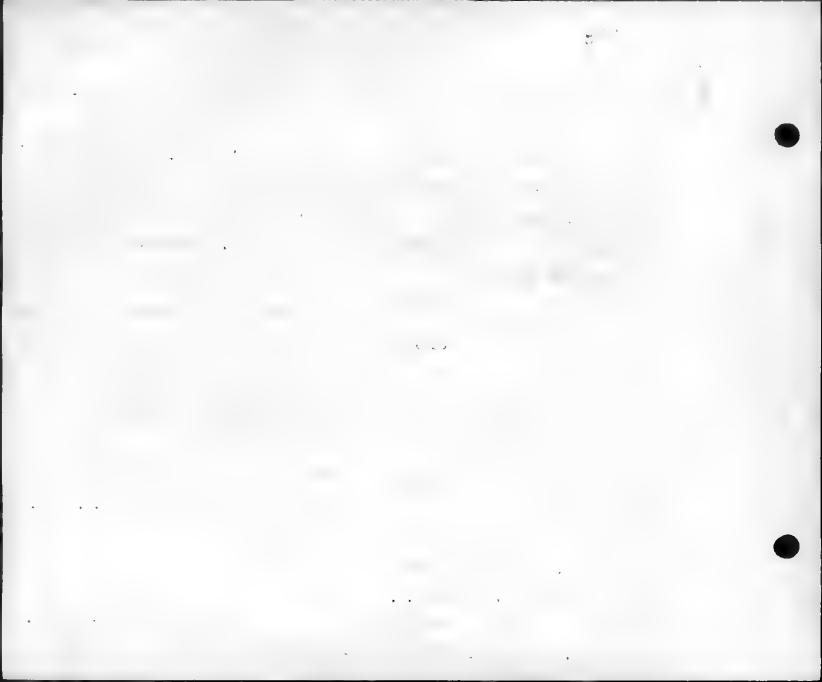
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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13308

	CE OF DEATH OUNTY		2. USUAL RESIDENCE (V	Where deceased lived if institution Residen	en Annes
b. C	Anne Arundel	MARYLAND			-Arundel-
	TY OR TOWN ( Foutside corporate limits,	C LENGTH OF STAY IN 76	c CITY OR TOWN (If ou	tside corporate imits, write RURAL and give	e neorest town)
٧	write RURAL and give nearest town)		Stev	ensville	100 0
d. N	AME OF HOSPITAL OR INST POTION (If not in hose	oital, give street address)	d STREET ADDRESS	CHRATTE	e IS RESIDENCE
	Anna Arundal Coneral	Unanital	Charren	and lie Ma	YES NO S
	Anne Arundel General :	Middle	Lost	sville, Md.	Doy Year
DEC	EASED			OF	10 4
S SEX	e or print) LEON 6 (OLOR OR RACE 7 MAR	SYLVESTER RIED NEVER MARRIED X   E	HINES  B DATE OF BIRTH	9 AGE (In years   IFUNDER	1 YEAR   FUNDER 24 HRS
	1			1945 lost birthday) Months	Doys Hours Man
	Tale Colored	OB KIND OF BUSINESS OR	11 BIRTHPLACE (State	or fareign country) 12 (I)	T ZEN OF WHAT
during r	post of working life, even if refired)	INDUSTRYone		Co., Maryland (0	USA
	HERS NAME		14 MOTHER'S MAIDEN		0.048
.5 (8)	Carey Lee Spence			Addel Hines	
15 W/	AS DECEASED EVER IN IT S. ARMED EQUES?	16 SOC AL SECURITY NO 17 I	NFOR MANT	Address	
(Yes, no	orunknown) (If yes give wor or dotes of service)		rrie Spend	ce, Stevensville	, Maryland
18	CAUSE OF DEATH (Enter only one couse per tr	ne for (a), (b) and (c))			INTERVAL BETWEEN
	PART I DEATH WAS CAUSED BY.	CStab t wounds	of chest		ONSET AND DEATH
	1821 X DUE TO	TO GOOD TO WOOD	.VI CHUBL		
Co	nditions, if ony, which gove ) (b)				
	e to immediate couse (a), ( Due to				
las	iting the underlying couse (c)				
PA	RT II OTHER SIGN FICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE COL	NOITION GIVEN IN PART 1(a)	19 WAS AUTOPSY
MEDICAL CERT FICATION	THE SOUTH CONDITIONS CONTINUED	MO TO DEATH OUT RELATED TO	TENNITZE D JEZZE CO.	tomor ones or the fact of	PERFORMED? YES Y NO
을 20	o EXTERNAL CAUSE WAS	DE DESCR BE HOW INJURY OCCURRED	(Enter nature of injury in	Port or Port II of item 18 )	
	USE OF DEATH	O. I. t		mal times	
3 20		Subject was s	CE OF INJURY (Home, form	a, 20f (City or town) (Co	unty) (State)
WED	Hour o.m.	While Not While foct	ory, street, office bldg , etc		Q.A.
			Home	Stevensville =	
	21 I certify that I took charge of th			Inspect an, ngu ry,	and in my opinion
	death resulted from: Natural cause	es 📙, Accident 🔝, Suic	ide, Homicide		
A.	TUAL 2 /2		CHIEF MEDICAL		ZZ. DATE SIGNED
	GNATURE	me	ni. D.	ICAL EXAMINER	22. DATE SIGNED
	AMINER'S		DEPUTY MEDICA	_	
	AME (Type) Russell S. F	isher, M.D.		(, city, town, or county) Octobe	er 1, 1967
	UR AL, CREMATION, 23b DATE THEREOF	23¢ NAME OF CEMETERY OR	CREMATORY		(Stote)
	Wriai 10/4/67	John Wesley		DOCACTED ATTTE	Anne, Md.
	JNERAL DIRECTOR	AD DRESS	1	BY REGISTRAR 256 REGISTRARS S	
Ba	arbara L. Dashiell	,426 Dover St.	Lasto WIEO C	14 100	0



after death.

24-Hours

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13309 CERTIFICATE OF DEATH

1.00		OFVIIIIOVII	OI DEATI		70000
仍	PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE a. STATE	CE (Where deceased lived, if institut b. COUNTY	tion: Residence before admission)
]-	b. CITY OR TOWN (If outside corporate limits.	MARYLANO  c. LENGTH OF STAY IN 1b		outside corporate limits, write R	HIRAL and vive pearest fown)
	write RURAL and give nearest town)	- 1	0 4	on rates conference timest with a	Succession Plant Linear Anna County
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in h	1 2 years	d. STREET AOORESS		e. IS RESIDENCE
		pobital Risa offer santess)			ON A FARM?
_	234 Spring, Gap South		-	ring, Gap South	YES NO
3.	NAME OF First OECEASEO	Middle	Last	4. DATE Month	Day Year
	(Type or print) Helen SEX   6. COLOR OR RACE   7 MARRIED	Louise	Hohmann L DATE OF BIRTH	19. AGE (In years LIFU	NOER 1 YEAR   FUNCER 24 HRS.
١.,	7. MARRIED	HEACK INVANIED		last birthday) Mod	ths Days Hours Min.
30	Female WIOOWED a. USUAL OCCUPATION (Give kind of work done) 10b. K		April 14,		12. CITIZEN OF WHAT
du	ring most of working life, even if retired)	INDUSTRY			COUNTRY7
12	Housewife	Own Home	Washingto		U,S,A.
13	FAIRER'S NAME		14. MOTHER'S MAIL	•	
	Henry Morgan Briggs	1.		L. Bremmerman	
Ϋ́	5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. (es, no, or unknown)   (If yes give war or dates of service)	1150	INFORMANT	Address	
	No		rl Hohmann	8810 Lanier Dr.	Silver Spring
	18. CAUSE OF OEATH (Enter only one cause per	ine for (a), (b), and (c).]	P. 1	/ /	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ougerleve	Meant	failure,	1 gran
	DUE TO		5- (1,	1) de	a 3
	Conditions, If any, which (b)	receiver	oles the	rdiovalulu	was sylan
	cause (a), stating the DUE TO	h. 1/2 . Ca	· An	1 1	
7	underlying cause last. (c)	crecio	Ru gell	erelized	
10	PARTH. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELAT		DARLUY U	PERFORMED?
FICA	Esophageal Triatal Kes	enca, Malne	much	med me cos alle for	
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. OR CONTRIBUTING 20b. CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OESCRIBE MOW INJURY OCCU	RRED. (Enter natura o	Injury in Part I or Part II of Ite	em 18.)
MEDICAL	Have a m	factor	E OF INJURY (Home, fa y, street, office bldg., e	arm, 20f. (City or town)	(County) (State)
MED	1 111110	Not While at work	1		
-	21. I certify that (I) (this hospital) attend	led the deceased from 44	hele 1	958 to 10/20	19 22 that (I) (we) last
	saw the deceased alive on 170	4 19 67, and that	death occurred at	AM, from the causes and	on the date stated above.
	22a. SAGNATURE			1	DATE SIGNED
	Knowar / Jogo	este M.D.	ATTENDING PHYS.	MEO. DIRECTOR PHYS.	10/23/67
	22c. PHYSICIAN'S NAME (Type) Thomas P. Fakar	. 1	22d. AODRESS	1 1 1 10 10 10 10	023
	Thomas P. Foxar	ty U	1011 Un	iversity Blvd. E.	ast Silver Spr
23	a. BURIAL CREMATION, 23b. OATE THEREOF REMOVAL (Soecify)	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town	or county) (State)
	0.+ 22 107	+ 'cont Pincole	Comotony	Prince incrues	Courty Mid
2	FUNERAL OIRECTOR	ADDRESS eorgia Au	25a AF	CIN DV DECISIOND LOSK DIRIC	TRANS SIGNATURE
U	armer E ountiney, Inc.	Silver Spring	Md DATE	1 40 1001	0 0

TO FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely fifted in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72-hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician. VR AI5 (4)



12303

#### CERTIFICATE OF DEATH

13310

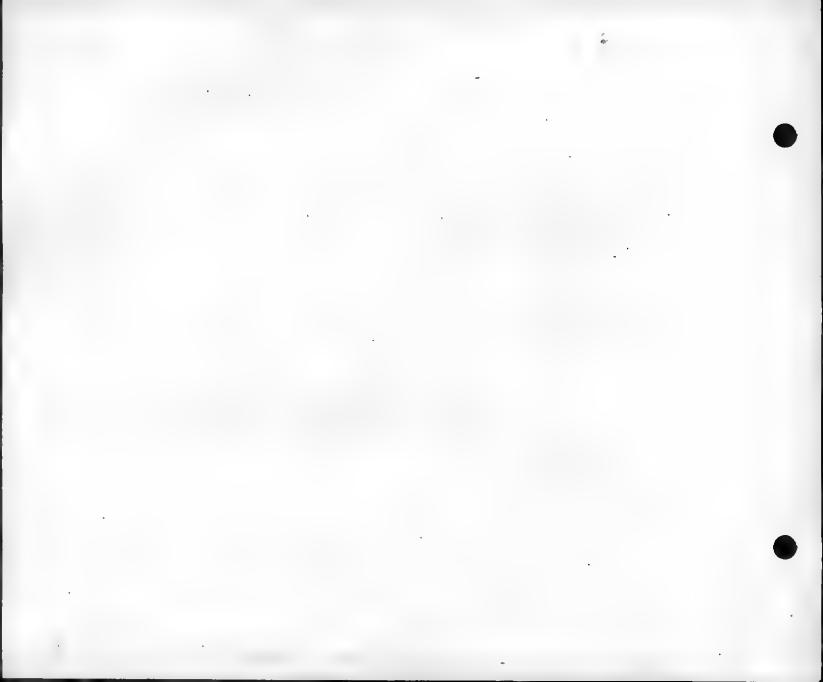
_ ~ 1/!									
and deat	1. PLACE OF DEATH			<u></u>	2. USUAL RESIDEN	<b>CE</b> (Where decease			befare admission)
funeral 1 and er deat	a. COUNTY	Anne Arur	ndel.	MARYLAND	o. STATE Ma.	ryland	p. con	NIY Anne	Arundel
10 +	b. CITY OR TOWN	(If outside corporate iimit		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (	e/	e limits, write RU	RAL ond give i	neorest town)
filled-in by the f papers. Pages thin 72-hours after	write RURAL or	id give negrest town)		13 months	Ch	urchton			021
트 SE T		TAL OR INSTITUTION (IF no	at in haspital, g		d STREET ADDRESS				e IS RES DENCE
papers.		ndel Genera			:				ON A FARM?
重是 /	3 NAME OF		rst	Middle	Lost	4 DATE	Man	th	Day Year
completely ove carban y event, wit	DECEASED (Type or print)	Blake	M	cKinley	HOLLAND	OF DEATH	Octo	ber	29 19 67
e co	S SEX	6. COLOR OR RACE		NEVER MARRIED	8. DATE OF BIRTH	- 4-11-1	AGE (In years	IF UNDER 1	YEAR IF UNDER 24 HR
sician and campletely please remave carban I, and in any event, wit	Male	Negro	WIDOWED	DIVORCED	Dec. 12,	1897	lost b rthday)	Months [	Days Haurs Min
and ren		N (Give kind of wark done		ND OF BUSINESS OR	11. BIRTHPLACE (Co		eign country)		EN OF WHAT
lease remared and in any	during impst at working	g life, even if refired)	170	DUSTRY			Maryla	nd U	MIRY?
ysic ple al, o	13 TATHER'S NAME,	1	21	11 1	14. MOTHER'S MAIL	DEN NAME	00	0	
hen hen hav	Clex.	ander	SHO	lland	Cor	a	15 K	LER	<i>J</i>
attending physician sermit. Then please an, ar remaval, and		ER IN L.S ARMED FORCES?		OCIAL SECURITY NO.	_INFORMANT	00 /	Adar	ess	4 41
i afferdir permit. ian, ar re	10	in yes give nor dr do les	ar service,	175	with Ho	Cland	" Cke	urch	ulan Mat
-	18. CAUSE OF E	EATH (Enter anly one cau ATH WAS CAUSED BY:	se per line for	(a), (b), and (c).)		_			INTERVAL BETWEEN ONSET AND DEATH
signed by thi burial-transit burial, crema	170 X	IMMEDIATE CAUSE	(a)	elisteel	<i>v</i>				OHOET RIED DEATH
		DUE	10		· 17	Me. il	120	,	
signed burial- burial,	Conditions, if an rise to immedia	to rouse (n)	(b)	lauran	J Jest	price	Mey/		
	stating the und	erlying couse DUE							
has bee se as th h priar t		CONTENT CONDITIONS	(c)	O DEATH BUT NOT RELATED 1	O THE TERMINAL DISCASE	CONDITION CIVES	I IN DART I/A)	1	19 WAS ALTOPSY
	NO.	SOURIEMAN COMPINIONS C	OMIKIBUITRO I	O DONIE BUI HOT KELATO	O THE TERMINAL DISEASE	. CONDITION STATE	a sa i saci ifo)		PERFORMED? YES NO X
or u	20g ACCIDENT WI	AS UNDERLYING	7 20h DE	SCRIBE HOW INJURY OCCURRE	D (Enter nature of injury	v n Part Lar Part	II of stem 18.1		1 112   110 X
モッち で	OR CONTRIBUTING	G  CAUSE OF DEATH MEDICAL EXAMINER)	100 00.	THE TOTAL MODEL DECOME	e femo natora ai moi	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	107 1011 107		
s certi ached lept. al	- In citation, north		20d IN	JURY OCCURRED 20e	PLACE OF INJURY (Hame,	form. 20f	(City or tawn)	(Coun	ty) (State)
det de t	Hour o	JURY Month, Day, Year .m. 19	While at work		factary, street, office bldg.	, etc.)			
After this ce be detache State Dept.		311.		led the deceased fram		. 19 . ta	Oct. 2	9 196	7, that (I) (1) (1) (I)
ECTOR: A 3 shauld with the	saw the c	leceased alive an_	Oct. 29	19_67, and t	hat death accurred	atM,			date stated aba
計	22a 5 GNATURE		٦		ATTENDING 300	litti.	STAFF _	22b DAT	E SIGNED
DIRE Je 3 ed w		Men	N		M.D. PHYS. ALA	DIRECTOR	PHYS.	]	
Ppog pog e fri	22c. PHYSICIAN' NAME (Typi				22d. ADDRESS	Ann Ann	Annon	74. 36	à
IO FUNEMAL DIRECTOR: Aft director, page 3 shauld b. shauld be filed with the St		<u> </u>	F-60 6	1		ay Ave.			
Fer hau	23a BURIAL, CREMAT REMOVAL (Specif		EREOF	23c NAME OF CEMETERY	OR CREMATORY	23d /00	ATION (City or Te	lwn) ((	(Stote)
5 Bu	24 FUNERAL DIRECT	W-11111	6/	ADDRESS	125	REC'D BY REGISTRA	AR 25b R	EGISTRAP S SIG	NATHER !
A15 (4)	57:10	Lour Lour	10.11	Marrell 7	nate part		196/ 18	Clark	o Judge

TO HOSPITAL OF ATTENDING PHYSICIAN. The law requires that the direct certificate be executed within 24 himss liter direct. Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH ofter death funeral de de 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) 1. PLACE OF DEATH o. COUNTY b. COUNTY and in ony event, within 72 hours ofter MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 (CITY OR TOWN (If ourside corporate \*\*mits, write RURAL and give nearest town) egite RURAL and give nearest town) 24-hobes à NAMPOLINS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) N≘ d. STREET ADDRESS Dapers ON A FARM? Pa YES NO 🔽 OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 3. NAME OF DATE First Middle Doy Year Ellen OF DEATH DECEASED Mar Hollan 1106-8-(Type or print) 19 S SEX 6 COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7 MARRIED NEVER MARRIED remove birthdoy) Months Hours WIDOWED DIVORCED puo 10b. KIND OF BUSINESS OR 100 USUAL OCCUPATION (Give kind of work done (County & Stote, or foreign country) 12. CITIZEN OF WHAT eose during most of working life, even if retired) COUNTRY? INDUSTRY physician TOUSEWIFE 17 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM buriol, cremotion, or removal, ottending phys WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT 17 permit. (Yes, no, or unknown) (If yes give wor or dotes of service) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the buriot-transit p PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or attending physician. DUE TO Cardio Yasen Conditions, if any, which gove rise to immediate couse (a). **DUE TO** stating the underlying couse ue aerached for use os the State Dept. of Health prior to has been lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? NO this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While ot work TO FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased from Jan. . 1967 ta director, page 3 should should be filed with the and that death occurred at 12:30M, fram causes and on the date stated abave. saw the deceased alive on. 22o SIGNATURE 22b. DATE SIGNED STAFF PHYS. M.D. PHYS. DIRECTOR 22d **ADDRESS** 22c. PHYSICIAN'S NAME (Type) 230 BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE THEREOI (County) (Stote) REMOVAL (Specify) umial 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S VR A15 (4 1967 20 M 1/66



MARYLAND	STATE DEPARTMENT OF HEALTI	H
DIVISION OF STATISTICAL RESEARCH A	RTIFICATE OF DEATH	BALTIMORE 1, MARYLAND
1. PLACE OF DEATH		1331%
N. COUNTY	o. STATE POLITA . AD O	b. COUNTY A Common Residence before edmission
b. CITY OR TOWN (if outside corporate limits.	OF STAY IN Ib c. CITY OR TOWN (If outside corporate	limits, write RURAL and give neerest town)
GIEN RISTORE, M. O. 2	hs Brooklyn a	no
d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give str	et address) d. STREET ADDRESS	IS RESIDENCE ON A FARM
	me last A DATE	YES NO
DECEASED F 1 2 1	OF	Month Dey Yeer
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER	MARRIED   8. DATE OF BIRTH   9. AC	GE JIN YOOTS   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	VORCED   JUNE 17-1881 8	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratired)		gn country) 12. CITIZEN OF WHAT COUNTRY
HOUSE WIFE )VON	e Baltimore, Ma	L Da State
Unknown	UNKOLLO	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECT		Address
(Yes, no, or unkown) (Ifyesgivawarordelesofservice) 212-54-	9784 William Hoopes. 3	543.3Rd st. Brooklyn
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b) PART I. DEATH WAS CAUSED BY:	, end (c).]	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (e) COTO	ary Occhusius	1507.
Conditions, if any, which ) DUE TO Palm	nave congestion	1 Kor
gave rise to immediate cause [a), stating the underlying DUE TO		1
cause last. (c) // Select	not & nelimonia	Selleraluk
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO  200. ACCIDENT WAS UNDERLYING  OR CONTR BUTING  CAUSE OF DEATH OF LITHER, NOTIFY MEDICAL EXAMINER)	DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED?
200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW	NJURY OCCURRED. (Enter nature of injury in Part I or Pert II of	yes No
	The state of the state of the state of the state of	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCU		(County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCI. Hour a.m. While Not While at work et work		
21. I certify that (I) (this hospital) attended the de		5
saw the deceased alive on 1.0. X 194.	7, and that death occurred all), 26M, from the	22b. DATE
sechard blotternt	M.D. PHYS. MED. SIRECTOR P	STAFF SIGNE
PHYSICIAN'S NAME (Type)	22d. ADDRESS	Grand Roman VI
BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAMI	OF CEMETERY OF CREMATORY 1234, LOCATIO	ILL L(C)   I'M C(C)   (Stete)
REMOVAL (Specify)	DAR HILL A.A	( CO M D
24 FUNERAL DIRECTOR'S SIGNATURE A ADDR	ESS   25m. REC'D BY REGISTRAR	25b, REGISTRAR'S SIGNATURE
Mc Cally F. H. V37 Halapse	o and 000 1 1 0 196	1 Whomple Judge
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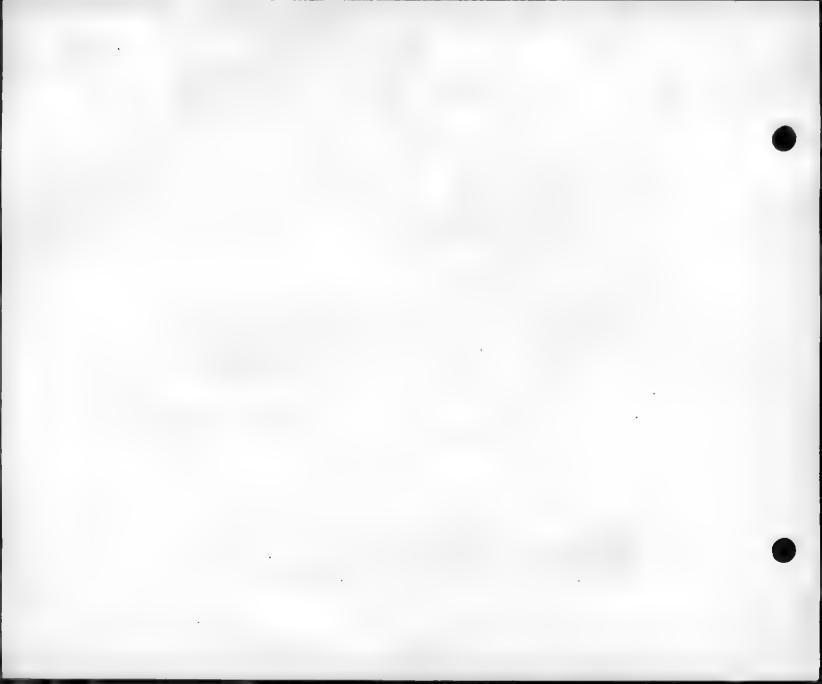
#### CERTIFICATE OF DEATH

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	CERTIFICATE	OI PEATIT		47014
1. PLACE OF DEATH			there deceased lived, if institution. Res	dence before odmission)
· COUNTY A A	MARYLAND	o. STATE	6. COUNTY	AA
b CITY OR TOWN (If outside corporate amits, c LEN	GTH OF STAY IN 1b	c CITY OR TOWN (If our	side corporate limits, write RURAL and	give necrest town)
write RURAL and give nearest town)	7948		chtou	g
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street		d STREET ADDRESS	ON I	e IS RESIDENCE
a mount of most that ox institution in not in nospital, give street	ii adal 622)	d Sikrei WDDK632		ON A FARM? YES NO
3 NAME OF PECCASED TO TELL HE FIRST PECCASED (Type or point)	Middle	lowes	OF DEATH OCTOBE	Doy Year 7
		DATE OF BIRTH	9 AGE (n years IF UN	
Mi WIDOWED		performance of	PPS last birthdoy) Mont	hs Doys Hours Man
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF E INDUSTRY	USINESS OR	H BIRTHPLACE (County &	State, or foreign country)	COUNTRY?
13 FATHER'S NAME	-	14. MOTHER'S MAIDEN N		
John Henry Howes		Mari	1 Tooker	/ح
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL S (Yes, no, or unknown) [III yes give wor or dates of service)	ECURITY NO. 17 IN	VEORMANT 1 1	Address 9 1	de kid.
The course of property (see all the course of the course o	1Xc	PENT 1400	UES CHUVELT	v = 1
18 CAUSE OF DEATH (Enter only one couse per one for (o), (b), PART 1 DEATH WAS CAUSED BY	1 ' 4 P	broke	la	NTERVAL BÉTWEEN ONSET AND DEATH
1 1 DEATH WAS CAUSED BY 19 10 10 10 10 10 10 10 10 10 10 10 10 10	and I	my will the		somediate
Conditions of any which gave to	in a Creats	& logast	diseaso	110010
rise to immediate couse (a),	10-FONE 1 C	_ //	7 40 70 70	gunt
stoting the underlying couse (e)				
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	DIT ON GIVEN IN PART 1(o)	19 WAS ALTOPSY
200 ACCIDENT WAS UNDERLYING TO 20b DESCRIBE :		fladder	, ,	PERFORMED?
200 ACCIDENT WAS UNDERLYING 20b DESCRIBE		Enter noture of injury in F	fort I or Port II of Item 18)	
I I I I I I I I I I I I I I I I I I I				
20c TIME OF INJURY Month, Day, Year 20d INJURY O		E Of INJURY (Home, form	20f (City or town)	(County) (Stote)
Hour o.m While N	lot While I locto	ry, street, office bldg., etc.)	la Le	18
21. I certify that (I) (this haspital) attended the		an 1	161 to CCT 6	196/, that ( ) (we) last
saw the deceased alive on Soft 29		death accurred at	12 AM, from causes and o	
220 SIGNATURE 2/1	1/	ATTENDING &	MED STAFF 228	
Wellard mil	/ MD	PHYS.	DIRECTOR PHYS.	10/6/61
NAME (Type) Willard F. Sm.	the MD	22d. ADDRESS	Strady Side	, Maryland
DEMOVAL (Source)	NAME OF CEMETERY OR C	, 1	23d LOCATION (City or Town)	(County) (Stote)
Darial Oct 1	woodfie	/d	Land resulle	AA Kd.
24 FUNERAL DIRECTOR	ADDRESS	1 250 REED	CYTREGISTRAN 19676 REGISTRAN	RESTRICTION OF THE PROPERTY OF THE PERTY OF
Berund Harriely	Lakesyre	LA CLAST DATE	-	0

death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Meath certificate be executed within 24 hours after dilath Erd. Vithin 72 hours TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in talertar, page 3 should be detached for use as the burial-transit permit. Then please remaining appears. completely filled in Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 25M 1/67



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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

13314

1	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution Resident	nce before odmission)
1	o COUNTY A. H. Co. MARYLAND	O. STATE M.D. b. COUNTY	H. Co
	by CITY OR TOWN (If putside corporate limits.  c. LENGTH OF STAY IN 1b  write RURAL and divergeorest town)	c CIPY OR TOWN (If outside corporate limits, write RURAL and giv	e neorest town)
	write RURAL and divergeorest town)	HUNAPOLIS	
- 1-4	IN NAME OF HOSPITAL OR INSTITUTION (If not in haspytoi, give street address)	d STREET ADDRISS	e IS RESIDENCE
	WUADOLIS LUDSING HOME-	217 HDOUS ST	ON A FARM?
4	17-1-1-1	UI NUFIMS UV.	YES NO
3	NAME OF First Middle	Lost 4. DATE Month	Doy Year
	(Type or pnnt) DOSE PHINE B. HR.O.	MADAA DEATH	7 1967
5.	SEX 6 COLOR OR RACE 7, MARRIED NEVER MARRIED 2	8 DATE OF BIRTH 9 AGE (In years IF UNDER Months	Oovs Hours Min.
	WIOOWEO OVORCED	1-8-1896 71 Yrs	doys Hours Hill,
10	c. USUAL OCCUPATION (Give kind of work done ing mosylof working ing even if retired)  10b. KIND OF BUSINESS OR INOUSTRY		TIZEN OF WHAT
00	TOME YOUSEWITE	BALTO, MD.	413.
13	EATHER'S NAME	14. MOTHER'S MATDEN NAME	
	HAMAS KVALES	TIDSEPHINE MIGHER	2
7	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	NFORMANT , Address ,	
()	es, no, grupknown) (If yes give war or dates of service)	AF WELL HOMANNED THE	2
-	I 10 COURSE OF DEATH (February) one cave and key for (a) (b) (b) (c)	YENEL- //KUTAINA	I INTERVAL BETWEEN
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).)  PART 1. DEATH WAS CAUSEO BY:	as confined	ONSET AND DEATH
	IMMEDIATE CAUSE (o) CRECUTE CARE NO	y vocarre	menufer
	Conditions, if ony, which gove ) (b) (staturnslars for	Calldone	
-	use to immediate rouse (o)	C. o Gerecci	
	stoting the underlying couse DUE IO		
	lost. (c)		<u> </u>
Iz	PART TO THER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
Iĕ	I beumatre bent destare.	-	YES 1192
CERTIFICATION		(Enter nature of injury in Port I or Port II of Item 18.)	
 €	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
MEDICAL		CE OF INJURY (Home form, 20f (City or town) (Co	unty) (Stote)
192	Hour o.m. While Not White foctor	ory, street, office bldg., etc )	.,
	21 certify/that (I) (this haspital) attended the deceased from	tres 1967 to 10/3 163	/ that /// /ww/ last
		t death(accurred atM, fram causes and an f	, that (I) (we) last
	220 SIGNATURE		ATE SIGNED
	Maxist at The a GO MD	ATTENDING MEO. STAFF	15:16-
		PHYS D RECTOR PHYS D	7/6/1
	NAME (Type) RICHARD PEELE	LATHEDEPLST. HUNAS	chis, MD,
28	BURIAL CREMATION. 236 DATE THEREOF 230 NAME OF CEMETERY OR (	CREMATORY 23d (QCATION (City or Town)	(County) / (Sote)
	54121Ath M-12-67 St. MARV	5 HUNAPULIS	MD
	AT FUNERAL DIRECTOR ADDRESS	250 RECD BY REGISTRAR 250 PHOSTRAR'S	PGNATURE
1	of M. Landerteons ( Mmapris, V)	M. DATOCI 11 1901	00
1	Chillie And the Comment of the	9	

TO HOTFITT OR ETTEMBING PHYSICEM: The law requires that the Leath certificate be executed within 24 haum after death.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campleted filled in director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon proper shauld be filed with the State Dept. of Health priar to burial, crematian, or remaval, and in any event, within 72 Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67



# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institut of the control of the contro

13315

I PLACE OF DEATH			2 USUAL RESIDENCE	E (Where deceased lived, if institution Resid	ience before admission)		
o. COUNTY  Anne Aruhdel MARYLAND			a. STATE Ma	aryland b. COUNTY A	nne Arundel		
b CITY OR TOWN (I	f outside corporate limits, I give necrest town)	c LENGTH OF STAY IN 16	c CITY OR TOWN (If	autside corparate limits, write RURAL and o	give neorest town)		
Annapo	olis			Annapodis			
d NAME OF HOSPITA. OR INSTITUTION (If not in haspita, give street address)			d. STREET ADDRESS	d. STREET ADDRESS  B IS RESIDENCE ON A FARM?			
Anne Arur	ndel General H	cspital	317 A	dams St.,	YES NO K		
3 NAME OF DECEASED	First	Middle	Last	4 DATE Month	Day Year		
(Type ar print)	Matthew	Charles	HROMADKA	DEATH UST	/30 19 67		
S SEX		ARRIED X NEVER MARRIED	B. DATE OF BIRTH	(ast hirthdox) Months	FR 1 YEAR   IF UNDER 24 HRS		
Male	1111777.00	DOWED DIVORCED	Oct. 17,				
od USUAL OCCUPATION	(G ve kind of wark done lita, eyem f ret red)	WOUSEY GOVA'T	11 BIRTHPLACE (Cour	nty & State, or foreign country) 12  Maryland	COUNTRY? U.S.		
CHARLS	ES HROA	MADKA	14. MOTHER'S MAIDE	NAMEYSKOCIL			
	R NUS ARMED FORCES?	16. SOCIAL SECURITY NO 17	INFORMANT OSEPHINE	A. HROMADKA	#2		
18 CAUSE OF DE	EATH (Enter only one couse per EH WAS CAUSED BY	line far (a), (b) and (c).)	B	6	INTERVAL BETWEEN		
PAKT LULA	IMMEDIATE CAUSE (a)	Julanue	levorel	alumneray!	1 Holden		
220 X				,			
Canditions, if any,	e couse (a)						
stating the under	rlying couse DUE TO						
last	) (c)	1170 To AC-C1 -117 11-T DC1 -705 Y	T T TERMINAL DISTANCE		19 WAS AUTOPSY		
PART I OTHER SI	GNIFICANT CONDITIONS CONTR B	OUTING TO DEATH BUT NOT RELATED TO	) THE TERMINAL DISEASE (	COND TON G VEN IN PART I(0)	PERFORMED?  YES NO		
OR CONTRIBUTING	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	206 DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury	in Part I or Part It of item 1B.)			
20c. TIME OF INJ. Haur 'a.r	JRY Manth, Day, Year n. 19		ACE OF INJURY (Hame, for actory, street, affice bldg, e		(County) (State)		
21. I certi	fy that (1) strict counted)	attended the deceased from	at death accurred	, 19 , ta <b>Sept.</b> 30 , 1 at M. from causes and an			
220 SIGNATURE 22b DATE							
le	Clee - I Treb M.D ATTENDING DIRECTOR DIRECTOR DIRECTOR 10 10-2-67						
22c PHYSICIAN'S NAME (Type)		eeler, M.D. St.	22d ADDRESS Annapo	lis, Md.			
23a BURIAL, CREMATIC REMOVAL (Specify	23b DATE THEREOF 10-4-19	23c NAME OF CEMETERY OF	R CREMATORY .	23d LOCATION (City or Town) AUNAPOLIS	(County) (State)		
24 FUNERAL DIRECTO		ADDRESS	2So R	EC D BY REGISTRAR 25b. REGISTRAR	4 ()		
Janes / /	/ TOVEDR SOA	18 HAIDIAPALIS	VID noin	T 2 1967 PChart	By Judge		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital or attending physician.

**TO FUNERAL DIRECTOR**: After this certificate has been signed by the attending physician and cary director, page 3 shauld be detached far use as the burial-transit permit. Then please remayed shauld be filed with the State Dept. af Health priar to burial, cremation, ar remayal, and in any exercised to the state Dept. af Health priar to burial, cremation, ar remayal, and in any exercised.

VR A15 (4) 25M 1/67

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## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13316 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased fived if institution Residence before admission) o COUNTY O STATE MARYIAND A. n.co. b CITY OR TOWN (If outside corporate 1 mits, c LENGTH OF STAY IN 16 c CITY OR TOWN (flouts de corporate limits, write RURA, and give nearest town) 21225 EN FURNIE BALTIMORE - MI) d NAME OF HOSP TAL OR INSTITUT ON (If not in hospital, give street address) d STREET ADDRESS e IS RES DENCE ON A FARM? 5002 KRAMME-A YES NO 🗷 Midd e DATE Year DECEASED 10 St Claif 196 / (Type or pont) DEATH AGE ( n years IF UNDER 1 YEAR 7 MARR ED NEVER MARRIED last birthdoy) DIVORCED WIDOWED 10o LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 B RTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life even 'fret red') INDUSTRY COUNTRY? Trucking Bluefield, West Virginia Truck Driver 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Meadow Johnson Hattie Stafford IS WAS DECEASED EVER N S ARMED FORCES?
(Yes, no, or unknown) ((If yes give wor or dotes of service) 17. INFORMANT 16 SOCIAL SECURITY NO Address 21225 101-09-1716 Mr. Robert C. Johnson, Jr. 5002 Kramme Ave. Yes INTERVAL BETWEEN IB CAUSE OF DEATH (Enter only one couse per line for (o), (b) ONSET AND DEATH PART I. DEATH WAS CAUSED BY had hinered. IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which gove ase to immediate cause (a), DUE TO stoting the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? NO S 200 EXTERNAL CAUSE WAS 20b DESCRIBE MOW NURY OCCURRED (Enter noture of injury in Part I or Port II of Item IB.) PRIMARY OF CONTRIBLE NG 20e PLACE OF INJURY (Home, form, foctory, street, office bldg, etc.) 20c TIME OF INJURY Month, Doy, Year (City or fown) (County) (Stote) Not While MA AACO at wark Street 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry Da. ond in my opinion Natural couses . Accident \_\_\_\_\_ Suicide 🔀 death resulted from. Homicide Undetermined monner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED suchaelt. ASSISTANT MEDICAL FXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** 10-10-6 Address (Street, city town, or county) NAME (Type) 230. BURIAL, CREMATION, REMOVAL (Specify) BUTLAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) Baltimore, Maryland Baltimore National 25b REGISTRAR 5 SIGNATURE

Patapsco Ave.

Charley Judge

5 may 1 TO FUNE! VR ATSME IST 6M 1/66

24 SUNERAL DIRECTOR

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the Chief Medical Examiner's

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the funeral director.

This certificate should be executed within

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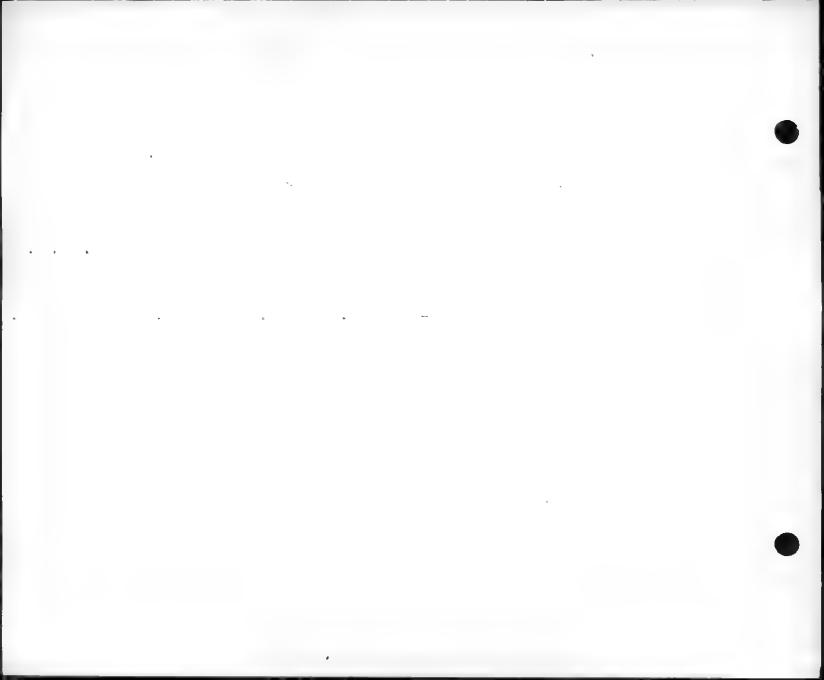
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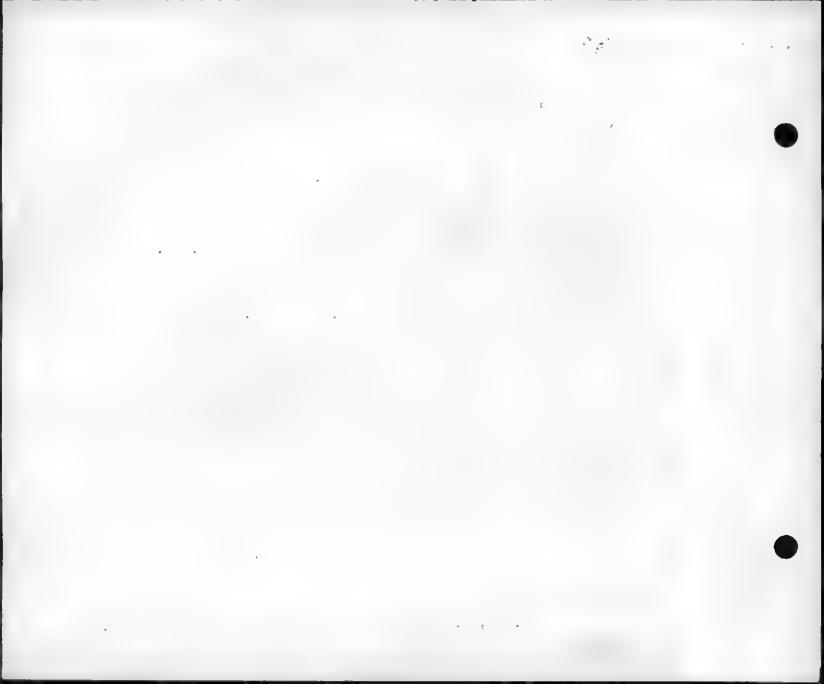
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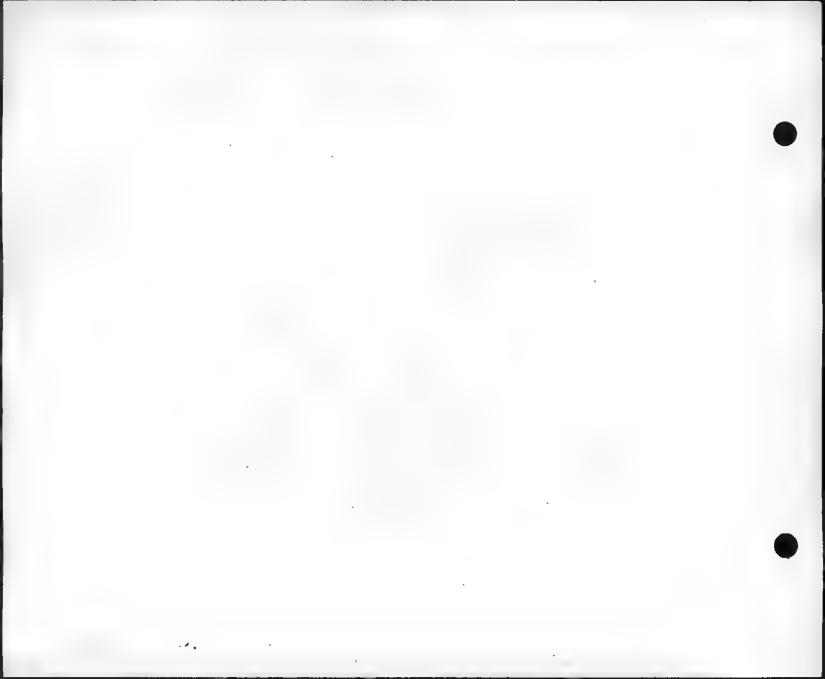
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS 30) W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH a. COUNTY Anne Arundel Anne Arundel Maryland MARYLAND 24 haurs after b. CITY OR TOWN (If outside confidentis, Burnier LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) WYSON WYSON WAS A WOOD OF THE WAS A WOOD OF THE WAS A WOOD OF THE Pasadena (Greenhaven) d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled in populars, and the popular sections and the popular sections. d. STREET ADDRESS e IS RESIDENCE ON A FARM? Box #373 2nd North Arundel Glen Burnie 200 Street NO X PHYSICIAN: The law requires that the death certificate be executed within NAME OF First Middle carbon Lost 4 DATE Manth Year DECEASED OF. etej L. Oct Emma Jones 6 19 67 DEATH Type or pnnt) DATE OF BIRTH Femal 6 COLOR OR RACE AGE (In years IF JNDER YEAR **FUNDER 24 HRS** 7. MARRIED **NEVER MARRIED** remave lost buthday) Months Dovs Hours and in any White WIDOWED DIVORCED Mal/e 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life even if retired)
House wife physician en piease **INDUSTRY COUNTRY?** Home Queen Anne's Co. Md 11 5 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME crematian, or removal, attending phys Elizabeth John West Poor same as IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, na, ar unknawn) (If yes give war ar dates of service) None Nο Unkhown Mr. Walter Tones (Husband) INTERVAL BETWEE 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I DEATH WAS CAUSED BY fransit ANSEN AND DEAT IMMEDIATE CAUSE (o) signed by burial fran Page 4 may be retained by the haspital ar attending physician DUE TO Conditions, if any, which gove rise to immediate couse (a). DUE TO as the prior tal stating the underlying couse has been lost WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) CERTIFICATION be detached for use State Dept. of Health certificate 20o. ACCIDENT WAS UNDERLYING [] 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e, PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (Caunty) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work at work 21. I certify that (I) (this haspytal) attended the deceased fram. 3 should I with the S M, fram causes and an the date stated above TO FUNERAL DIRECTOR: saw the deceased alive on and that death accurred at 22a. SIGNATURE 22b, DATE SIGNED ATTENDING STAFF M.D DIRECTOR PHYS page 22d. 22c PHYSICIANY director, po should be f NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23g BUR AL CREMATION 23b DATE THEREOF (County) en Burnie, Maryland 18.1967 Glen Havem Memorial PW DingletoMORESUneral Home 2So. REC'D BY REGISTRAR 2Sh REGISTRAR'S SIGNATURE Burnie, Maryland DATE



13315

### MEDICAL EXAMINER'S CERTIFICATE OF DEATH

FOR STATE	13315 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	193
HEALTH DEPT	1 PLACE OF DEATH a COUNTY A A CO - MARYLAND 2 USUAL RESIDENCE (Where deceased lived if institution, Residence be a COUNTY A A COUNTY A A	before admission) 7 CO
2, and 3 to PM3 Page	b CITY OR TOWN (if autside corporate limits, write RURAL and give nearest town)  C LENGTH OF STAY N 1b  C CITY OR TOWN (if autside corporate limits, write RURAL and give nearest town)  PAS 19 de N A.	earest town)
3 (2)	a NAME OF HOSP TAL OR INSTITUTION (I not in haspita give street address)  1.0 MNORIH ARUNDIEL-HOSP.  Rt. 4- But 340-woods-	e S RESIDENCE ON A FARM? YES NO PS
death Seath	3 NAME OF First Middle Lost 4 DATE Month	Day Year ₹/ 19 ← 7
hours after d Item 18. Give Office along v Ond2 with th	S. SEX  6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 8 DATE OF BIRTH 9 AGE (In years last b rthday) Months Do  WIDOWED DIVORCED 7-7-++ 23 yrs	AR IF UNDER 24 HRS  ays Haurs Min
24 hours in Item 18 r's Office ss lond 2	10a JSUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b KIND OF BUSINESS OR 11 BIRTHP. ACE (State or fareign country) 12 CTIZET COUNTY PAS A de N A Md.	N OF WHAT
I within 24 Exominer's File pages 2 hours offe	13 FATHER'S NAME  14. MOTHER'S MA DEN NAME  Reptrice	
xecuted and reducing and reducing to the permit in the reducing to the reducing the	15 WAS DECEASED EVER N. U.S. ARMED FORCES? (Yes, no. or unknown) (If yes give wor or dotes of service)  15 WAS DECEASED EVER N. U.S. ARMED FORCES? (Yes, no. or unknown) (If yes give wor or dotes of service)  16 SOC AL SECURITY NO  17 INFORMANT  18 DEATRICE MONROE  BOX 390	Woods Rd.
This certificate should be executed within 24 hours candidate, writing the ward "pending" in principle in Item 18. be forwarded to the Chief Medical Exominer's Office and be used as a buriol-fronsit permit. File pages land 2 within 72 hours ofter dianth.	18 CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c)  PART I DEATH WAS CAUSEO BY IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b)  DUE TO  (c)	INTERVA. BETWEEN ONSET AND DEATH
his certif ote, writti e forwer be used o	PART I OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE COND TON GIVEN IN PART 1(0)	19 WA' A. TOPSY PERFORMED? YES NO
"무 ~ ~ ~ ~	200 EXTERNAL CAUSE WAS 200 DESCRIBE HOW INJURY OCCURRED (Enter poture of injury in Part I of tem 18)  PRIMARY FOR CONTRIBUTING CAUSE OF DEATH  CAUSE OF DEATH  CAUSE OF DEATH	
A 4 4 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PIACE OF INJURY (Hame, form Hour Grm) Pm. 10 11 1967 of wark at wark 4 Hardware Gattory, street, office bidg., etc.)	O MO
CAL I exect or. Ped for CTOR: uriol,	21. I certify that I taok charge of the remains described above, held an Autopsy, Inspection Inquiry, deoth resulted from Majoral causes, Accident Suicide, Hamicide, Undetermined manner	and in my apinian
Me. electrical direction to	ACTUAL SIGNATURE ASSISTANT MED CAL EXAMINER ASSISTANT MED CAL EXAMINER	22. DATE SIGNED
o DEPUTY necessmy, the funeral may be my be mutilized the offit price	EXAMINER'S NAME (Type)  EXAMINER'S NAME (Type)  EXAMINER'S NAME (Type)  EXAMINER'S Address (Street city town, or county)  230 BURIAL (REMATION 23b DATE THEREOF 23c NAME OF CHMETERY OR CREMATORY 23d LOCAT ON 'City or Town Co	31-67
the He	REMOVAL (Specify)  11-4-69  ADDRESS  1250 RECT BY REG STRAR 1 256 RECT BY REG STRAR 1 256 REGISTRARS S GN	Md.
VR A15ME (5)	MORTON & Dye 1 1701 LAURENS NUV 1 1961 yourses	Judge

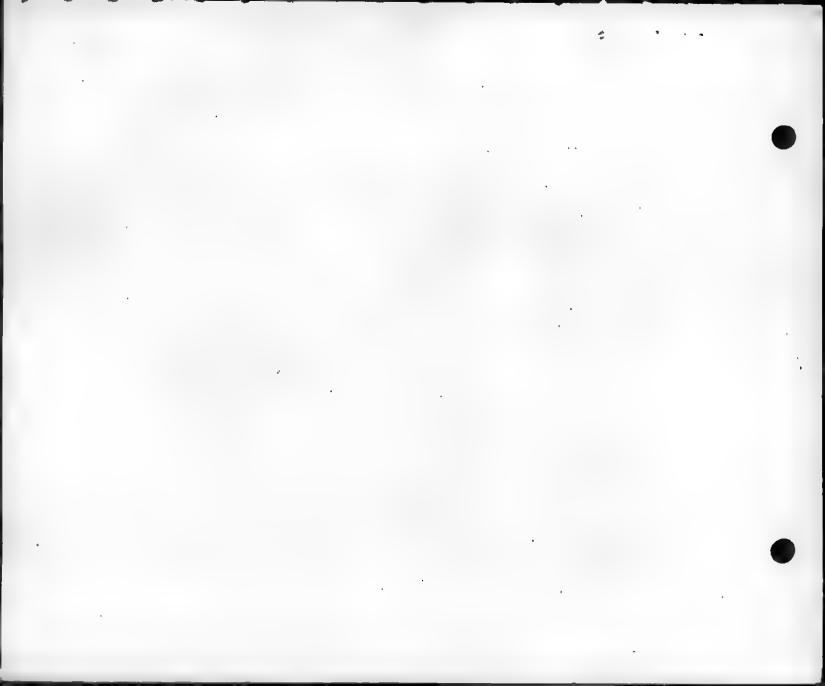


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the unital director, page 3 should be detached for use as the burial-transit permit. Then please remove carron papers. Pages Land 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with 24 hours Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 2DM 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

_	OOL4CERTIFICAT	IE OL DEVIU TOOTO							
1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)							
	HMME HRUNDEL MARYLAND	a, STATE b. COUNTY							
	b. CITY DR TOWN (if outside corporate limits.	c. CITY OR TOWN (If putside corporate limits, write AURAL and give nearest town)							
	write RURAL and give nearest town)	() oddeed							
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	d. STREET ADDRESS 0. I G. IS RESIDENCE							
	3 Opu Due	3 CO O O O O O A FARM?							
3.	NAME OF First Middle	YES MO							
J .	DECEASED / DF								
5.	(Type or print)   DEATH   DEATH   19  5. SEX   G. COLOR DR RACE   7 MARQUED   NEVER MARQUED   8 DATE OF BIRTH   9. AGE (In years   FUNDER 1 YEAR   FUNDER 24 HRS.								
	MARKIED MEYER MARKIED   Jast Dightay)   Months   Days   Hours   Min.								
10a. USUAL DCCUPATION (Give kind of work done) 10b. Kind OF BUSINESS OR 11b. BIRTHPHACE (County & State/or fordign country)   12. CITIZEN OF WHAT									
during most of working life, even if retired). INDUSTRY									
Former Form Honory U.S.									
13 FATHER'S NAME									
	MITHELM MINDER	HENRIETTA / //ChENSKY							
(Ā	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITYND. 17. es, no, or unknown) (If yes give war or dates of service)								
	No 218-12-0004/	Miss FERN KINDER SAMERS Z							
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).	INTERVAL BETWEEN DNSET AND DEATH							
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) MUCO COLUMN	of tuloreleon							
	Conditions, If any, which gave rise to immediate cause (a), stating the DUE TO  DUE TO  OUE TO								
_	underlying cause last. (c)								
1017									
CA	PERFORMED? YES NO								
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 2 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)								
E	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
CAL		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)							
MEDICAL	Hour a.m.  p.m.  19   While   Not While   fact	tory, street, office bldg., etc.)							
-	21. I certify that (I) (this hospital) attended the deceased from	1957, 19 to 1967, 19 that (1) (we) last							
	$\mathcal{L}$	at death occurred atM, from the causes and on the date stated above.							
	222. SIGNATURE	22b. DATE SIGNED							
	Asself Citaling	.D. ATTENDING MED. DIRECTOR PHYS.   10-7-10-11							
	22c. Physician's NAME (Type) P + P + M (4-(1))	22d. ADDRESS							
	Kobert R. MAHW	· P.O. Kox / Johns ( John)							
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)									
	BURIAT TO Oct 61 CedAR HILL Cera, 13 Altimore, Md. Wizzs								
24	24. FUNERAL DIRECTOR ADDRESS Mc/. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE								
1	ITIRKLEY FUMERAL Stome Glen BURNIGOATE OCT 11 1961 Glianles Jusque								
1-									



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120

13320

1967 Man Que

MEDICAL EXAMI	NER'S CERTIFICATE OF DEATH
). PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)
D COUNTY A. A. CO . MAI	PYLAND O STATE MY B b. COUNTY ANCO
b CITY OR TOWN ( f outside corporate limits   c LENGTH OF STAY	IN 16 c CTY OR TOWN (If outside corporate I m ts. write RURAL and give nearest town)
Trite RURAL and give nearest town)	Millesville - MD
d NAME OF HOSPITAL OR INSTITUTION ( finot in hospito, give street oddress)	d STREET ADDRESS e 15 RES DENCE
D.D.A- NORTH-ARUNDEL - HOSP	0. 32 OAKdale. Circle. YES NOTE
3. NAME OF First Middle DECEASED	Lost 4 DATE Month Doy Year
(Type or print) Springe	KNOTTS DEATH 10 10 1967
S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARR	FD 🔼 8 DATE OF BIRTH 9 AGE (In years   IFUNDER I YEAR   FUNDER 24 HRS
WIDOWED DIVORCE	
100 USUAL OCCUPATION (Give kind of work done 100 KIND OF BUSINESS OR during mosk of work year, its even if retired) INDUSTRY	11 BIRTHPLACE (State or foreign country) 12 (TIZEN OF WHAT COUNTRY?
dujng mosof working the even if returned orps. INDUSTRY	Loui.si.ana
13 FATHER'S NAME	14 MOTHER'S MAIDEN NAME
Elton Leslie Knotts	Daughtrey
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO	17 INFORMANT Address
(Yes, Ingothernown) (If yes give wor or dotes of service)	Records Naval Hospital AnnapolisMd.
18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c))  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if only, which gove rise to immediate couse (o), storing the underlying couse lost.  (c)	weel Sheel INTERVAL BETWEEN OUT AND DEATH
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	ELATED TO THE TERM NAL DISEASE CONDITION G VEN IN PART (O)  19 WAS AUTOPSY PERFORMED? YES NO
	OCCURRED (Enter noture of injury in Part I or Port II of Item 18)
20c T ME OF INJURY Month, Doy, Yeor 20d MJURY OCCGRED While Not While of work of work	20e PLACE OF INJURY (Home, form foctory, street, office bldg. etc.)  20f (City or town) (County) (Stote)  AACO MD
21 I certify that I took charge of the remains described of	obove, held on Autopsy 🔲, 🛮 Inspection 🔟 🛴 Inquiry 🚅 and in my opinion
death resulted from Manural couses , Accident	
ACTUAL SIGNATURE Show butter	CHIEF MEDICAL EXAMINER
EXAMINER'S F. LIU HARDT	DEPUTY MEDICAL EXAMINER Address (Street, city town or county)  10 - 10 - 67
artes (1) to 1 h	METERY OR CREMATORY 23d 10(ATION Cty or fown) (County) (Stote)
	olly Springs   Coushatta La.
24 PLANTA ADDRESS OF CHINIPY PHINIPD AT ADDRESS	250 REC D BY REGISTRAR 25h REGISTRAR S SIGNATURE

Witzke Ellicott City Madan OCT 13

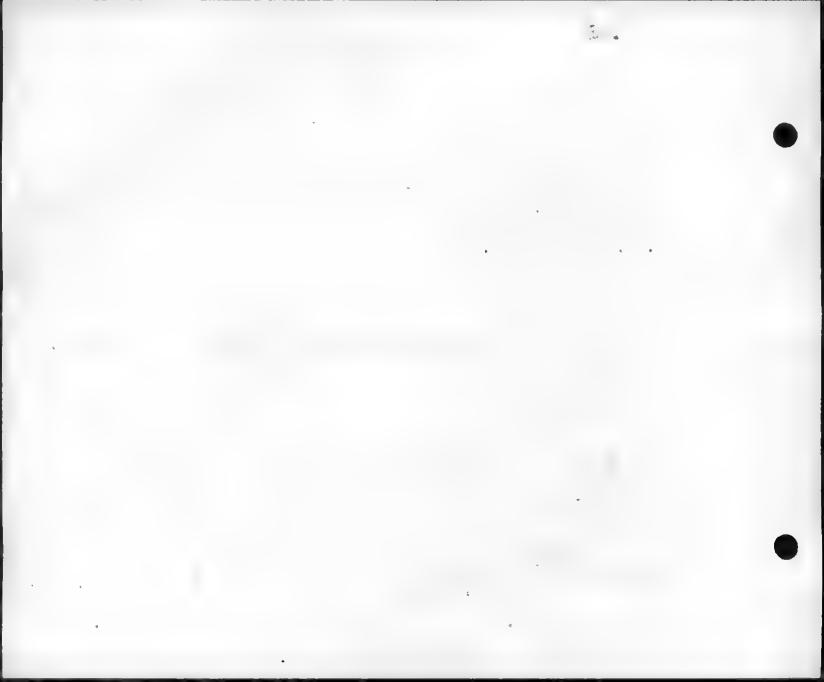
mmcessary, please execute the certificate, writing the word "pending" in pencl in Item 18. Give Pages 1, 2, and 3 to the funeral director Page 4 shmuld lie forwarded to the Chief Medical Examiner's Office along with form PM3. Page I may be retoined for yaur files. Health prior to burial, cremotion, or removal, and in any event within 72 hours ofter death. VR ATSME (5) 6M 1/67

TO DEPUTY MEDICAL EXAMINER:

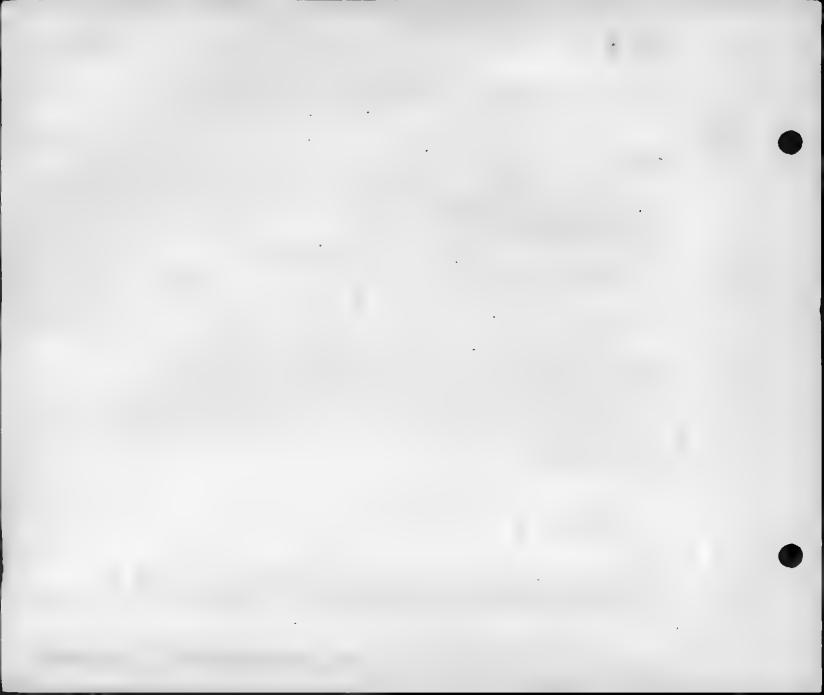
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the Stote Deportment of

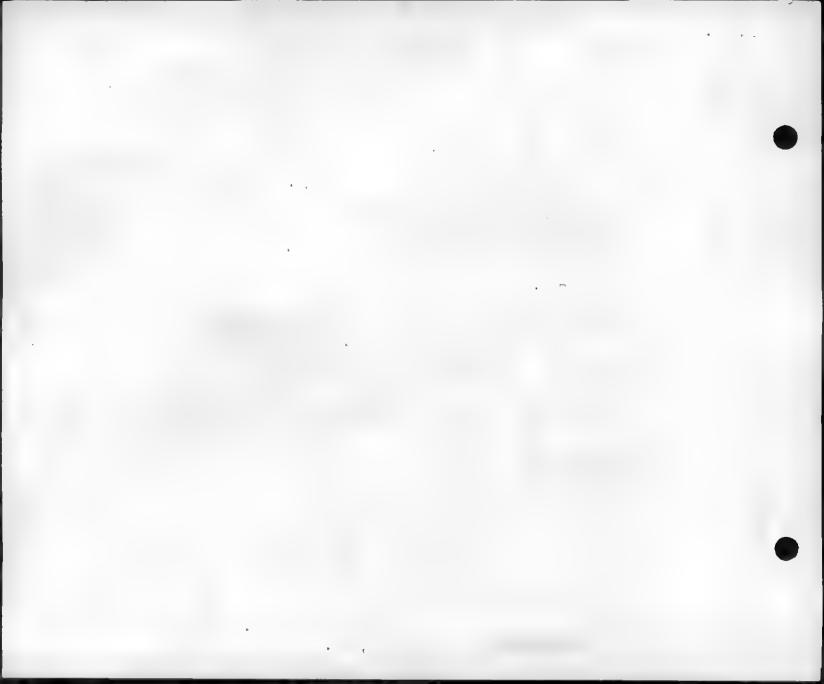
This certificate should be executed within 24 hours after death If any delay is



ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution: Residence before admission) COUNTY b. COUNTY MARYLAND and deat b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) c' Pages executed within NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress d STREET ADDRESS IS RESIDENCE ON A FARM? NO F YES [ completel 9 3. NAME OF Month pape n 72 Yaar DECEASED OF (Type or print) DEATH 19 withir carbon COLOR OR RACE 7, MARRIED NEVER MARRIED 5. SEX 8. DATE AGE (In yaors | IF JONDER 1 YEAR H UNDER 24 HRS physician and last birthday) Months. Hours event WIDOWED | DIVORCED remove USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? (County & State, or foreign country) done during most of working life, aven if ratirad) any YLKOKON ACIONS please 13. FATHER'S NAME MOTHER'S MAIDEN NAME death 드 aftending and Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 拿 17. INFORMAN Addrass removal, (Yas, no, or unkown) / (If yes give war or dates of service) law requires that permit. 18. CAUSE OF DEATH |Enter only one cause physician. signed by ONSET AND DEATH Ö PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) cremation, burial-transit DUE TO Conditions, if any, which (b) gave rise to Immediate cause The DUE TO burial, (a), stating the underlying Sec cause last. [c] t e hospital or After this certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION 95 2 PERFORMED? prior YES NO [ use 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) jo of Health (IF EITHER, NOTIFY MEDICAL EXAMINER) detached ATTENDING be retained by MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, ) 20f. (City or town) (County) (State) factory, street, office bldg., atc.) While Not While et work at work 19 DIRECTOR State Dept. 26 19.67 pinous M. from the causes and on the date stated above saw the deceased alive 22ь. DATE SIGNED ATTENDING က PHYS. DIRECTOR PHYS. director, page director, page M.D HOSPITAL FUNERAL Page 22d. ADDRESS HYSICIAN S NAME (Type death. 23c. NAME OF 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. OR CREMATORY REMOVAL (Spacify) 24 FUNERAL DIRECTOR'S SIGNATURE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) 20M



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH be executed within 24 hours after death and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY Arundel Anne Arundel larvland MARYLAND Anne c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b filled in by the papers. Pag thin 72 hours, write RURAL and give nearest town) Glen Burnie Glen Burnie d. NAME OF HOSP, TALL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 411 Delmar Ave NO Ex North Arundel Hospital YES 3. NAME OF 4. DATE UQ. Middle Lost Month Year DECEASED Louck 10-1967 Type or print) Frederick DEATH ent co 5 SEX AGE (In years IF UNDER I YEAR IF JNDER 24 HRS 7. MARRIED NEVER MARRIED B. DATE OF BIRTH n day eve lost birthdoy) 3-17-07 Months Days Hours DIVORCED WIDOWED 60 yrs Male White puo 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10a USUAL OCCUPAT ON (Give kind of work done 11 BIRTHPLACE (County & Stote, or foreign country) C physician o en please during most of working life, even if retired) **COUNTRY?** INDUSTRY puo The law requires that the death certificate Gov't Employee Baltimore, Maryland
14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME III rem∎vo Margaret Koch Fredericks F. Louck 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address permit. (Yes, no, or unknown) (If yes give wor or dotes of service 213-02-3548 Patient'sChart burial, cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burnal-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires may Page 4 may be retained by the hospital or attending physician. 1401 DUE TO Conditions, if any, which gove rise to immediate cause (a), DUE TO prior to stoting the underlying couse the last 05 WAS AUTOPSY has PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? CERTIFICATION YES [ NO this certificote <u>ē</u> 20o ACCIDENT WAS UNDERLYING [3] 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour a.m. Not While factory, street, office bldg., etc.) ot work at work TO FUNERAL DIRECTOR: After 2]. I certify that (I) (this hospital) attended the deceased fram 3 should with the 1967, and that death occurred at/125 PM, from causes and an the date stated above. saw the deceased olive on 10 22a. SIGNATURE 22b. DATE SIGNED director, poge 3 M.D. DIRECTOR PHYS PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Crain Highway, So. Glen Burnie A.Leipold Ernest 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL CREMATION. (County) (Stote) REMOVAL (Specify) Glen Haven Memorial Pk. Glen Burnie, Maryland 24 FUNERAL DIRECTOR CUSAGLE Abme/Glen ADDRESS Burnie, Md. 2Sb. REGISTRAR'S SIGNATURE



STREET, BALTIMORE, MARYLAND 21201 12204 - 2 2 6 4 A PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) o STATE Maryland Anne Arundel **b** COUNTY b. CITY OR JOWN (If outside corporate limits, write PURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 d NAME OF HOSP TAL OR INSTITUT ON (If not in hospitol, give street oddress) Pasadena d STREET ADDRESS e IS RESIDENCE ON A FARM? North Arundel Hospital 33% Katherine Avenue NO n Item 18 Give lloges 24 hours ofter death Office along with 3 NAME OF 4 DATE Month DECEASED 10/16/67 LUDGROVE (Type or print) DEATH pages lond2 with S SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS 6 lost birthday) Months Hours Apr. 18, 1911 within 72 hours ofter deoth DIVORCED White Female 10a USUAL OCCUPATION (Give kind of work done ,11 BIRTHPLACE (State or foreign country) 412 CITIZEN OF WHAT 10b K ND OF BUSINESS OR during most of working life, even if retired) Balto., Md. U.S.A. in pencil 14 MOTHER'S MAIDEN NAME This cert ficate should be executed within 13 FATHER'S NAME Najib Tooma Catherine Schat 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address rd "pending" in Chief Medicol E (Yes, no, or unknown) (If yes give war or dates of service 218-22-1033 IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY: ONSET AND DEATH event Multiple Traumatic Injuries MMEDIATE CAUSE (a) e, writing the word farworded to the Ch DUF TO any Conditions, if ony, which gove rise to immediate couse (a), .⊑ DUE TO stoting the underlying couse 03 19 WAS AUTOPSY PERFORMED? removol, PART I OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(o) 2 please execute the certificate. 200 EXTERNAL CAUSE WAS PRIMARY X or CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port I of item B) 3 should CAUSE OF DEATH Driver in head-on auto-auto collision. cremotion, 20e PLACE OF INJURY (Home, form 20f (City or town) (County) 20c TIME OF INJURY Month, Doy, Year (State) FUNERAL DIRECTOR: Page 10/16 1967 Anne Arundel, Md. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy k Inquiry [ Inspection and in my apinion death resulted from. Notural couses Accident X Suicide . Hom cide Undetermined manner be retoined CHIEF MEDICAL EXAMINER prior to ACTUAL 22 DATE SIGNED ASSISTANT MED CAL EXAMINER X SIGNATURE O DEPUTY DEPUTY MEDICAL EXAM NER 10/17/67 TO FUN Health Werner U. Spitz,( Address (Street, city, town, or county) (County) REGISTRAR'S SIGNATURE VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13322

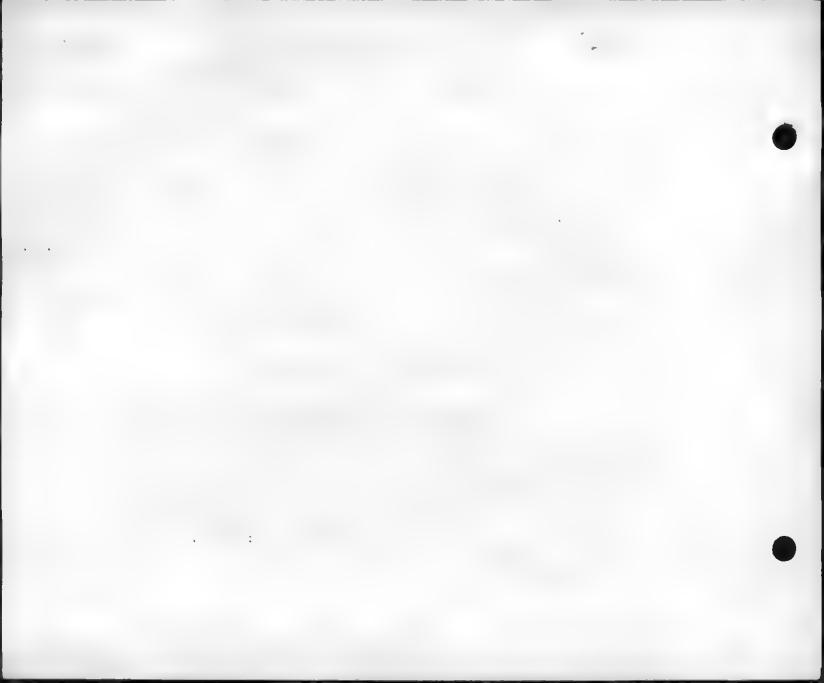
### CERTIFICATE OF DEATH

13324

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
o. COUNTY  Anne Arundel MARYLAND	O. STATE Maryland b COUNTY Anne Arundel
b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town) Annapolis	Annapolis
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESHES APEAKE AVE, ON A FARMS
Anne Arundel General Hospital	THE STREET IN NO.
3 NAME OF First Middle DECEASED	Lost 4. DATE Month Doy Year
(Type or print) Beulah Estelle	MARSHALL DEATH October 8 19 67
	8. DATE OF BIRTH 9 AGE (n years IF UNDER 1 YEAR IF UNDER 24 HRS lost gliddy) Months Doys Hours Min
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & Stote, or foreign country) 12 (ITIZEN OF WHAT COUNTRY?
HOME	OCOMOKE, Maryland U.S.
13_EATHER'S NAME	14. MOTHER'S MAIDEN NAME
-VAMES E. DONUEVILLE	ISABELLA WEBSIER
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 (Yes, no, or unknown) (If yes give wor or dotes of service)	INFORMANT Address ##
	DSEPH 1. MARSHALL
1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART - DEATH WAS CAUSED BY	INTERVAL BETWEEN ONSEHAND DEATH
(MMED ATE CAUSE (0) Summer with	by local
TO TX DUE TO	7
Conditions, if any, which gove rise to immediate couse (a),	sweet arting 2 who.
stoting the underlying couse DUE TO	
lost. (c)	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOPSY PERFORMED?
5 blobity of curina.	YES NO &
OR CONTRIBUTING CAUSE OF DEATH  (IF FITHER MOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Part I or Part II of item 18.)
20c T ME OF INTURY Manth, Day, Year 20d INJURY OCCURRED 2De PLA	CE OF NJURY (Home, form 20f (City or town) (County) (State)
Hour o.m. 19 While Not While of work of work	lory, street, office bldg., etc.)
21. I certify that (1) (this haspital) attended the deceased from	July 1963, ta Oct 1962, that (1) (we) las
saw the deceased alive an 10 4 1967, and tha	t death occurred atM, fram causes and an the date stated above
220 SIGNATURE A D A A A	ATTENDING MED STAFF 226 DATE S GNED
The West dum.	D PHYS DIRECTOR PHYS. 10(9/6)
22c. PHYSICIAN'S NAME (Type) TOHIN HEDERALAN	FUREST DR. AUNAMOLIS MD.
230 BURIA, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR REMOVAL (Short) // -//-/ (FDOOR)	CREMATORY 23d TOCATION (City or Town), (County) (Signe)
24 FUNDRAL DIRECTOR ADDRESS	250 REC'D BY REGISTRAR 250 REG STRARS SIGNATURE
why M. Tayor V. House ( Lunspola M	DATOCT 1 1 1967 Schanles Judge.

FOR MOSPITAL OF ATTENDING PREVIOUS. The law requires that the death certificate be executed within 24 hours after diaght. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use os the burial-transit permit. Then please remave carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, without 2 hours after deem. Page II may be retained by this hospital or offending physician.

> VR A15 (4) 25M 1/67



323 FOR HEAL chy delay is ond 3 to form PMS Page 0 frent c Deport

MARYLAND STATE DEPARTMENT OF HEALTH

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13325

	o. COUNTY	AM MED		MARYLAND	2 USUAL RESIDENCE (\) 0 STATE	Yhere deceased lived, if institution. b. COUNTY	Residence before odmission)
	write RUR	OWN (If outside corporate limits, AL and give negrest town)		OF STAY IN 1b	1 27	tside corporate limits, write RURAL	
ŀ		OSPITAL OR INSTITUTION (If not in		ddress)	d. STREET ADDRESS		e IS RESIDENCE
		4			Br4 42		ON A FARM? YES NO
	3 NAME OF DECEASED (Type or prin	1) Danuel	- 2	Middle hea	Uhens	4 DATE Month OF DEATH /O	27 19 6 7
	S. SEX		MARRIED NEVE	DIVORCED	8 DATE OF BIRTH 5/29/08		FUNDER 1 YEAR   IF UNDER 24 HRS
		PATION (Give kind of work done orking life, even if retired)	Barber S	NESS OR hop	11 BIRTHPLACE (Stote Dorsey	or foreign country) Maryland	12 CITIZEN OF WHAT
	13. FATHER'S N.		thews		14. MOTHER'S MAIDEN I		
	15. WAS DECEAS	ED EVER IN U.S. ARMED FORCES? own) (If yes give wor or dates of se	16. SOCIAL SECU	RITY NO 17	INFORMANT ilbert Matth	Address news-Rt #2 Box 4	2 Hanover Md.
	PART	OF DEATH (Enter only one couse of DEATH WAS CAUSED BY IMMEDIATE CAUSE (o),	per line for (o), (b), one	(d) Selera	nes Jenes	Zes-	INTERVAL BETWEEN ONSTE AND DEATH
		if any, which gave ) (b)			0		June
		underlying couse (c).  DUE TO					
,	PART II OT	HER S GNIFICANT CONDITIONS CONT	RIBUT NG TO DEATH BU	JE NOT RELATED TO	THE TERMINAL D SEASE COI	IDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
	PRIMARY C	NAL CAUSE WAS FOR CONTRIBUTING [2] EATH	20b. DESCRIBE HOW	INJURY OCCURRED	(Enter noture of injury in	Part I or Part II of Item 18)	
	20c TIME (	DF INJURY Month, Day, Year our o.m. p.m. 19	20d INJURY OCCUP While Not V ot work ot w	RRED 20e PLA for ork	CE OF INJURY (Home, form lary, street, office bldg , etc.)		(County) (State)
-	21. 1	ertify that I took charge a			ld an Autapsy 🔲,	Inspection , Inquir	and in my opinian
	death	resulted tropy Natural c	auses 🔄, Accid	dent 🔲, Suid	ide 🔲, Hamicide		ner 🗌
	ACTUAL SIGNATURI	Mundus	ch		M_D ASSISTANT MED	EXAMINER	22. DATE SIGNED
	EXAMINER NAME (Typ		horse	1.	DEPUTY MFDICA Address (Street	L EXAMINER	0/27/67
	230 BURIAL CR REMOVAL ( Burial		7 23c NA/ Sai	AE OF CEMETERY OR nts Rest	Cemetery	Anne Arundle	Co. Md. (State)
H	24 FUNERAL D			DRESS	2 Sa REC I		TRAR S SIGNATURE
ળ	HET.DGT.	r re Marrey 200	O MA OT CIT	A (2) 4	DATE		1 0

VR A15ME (5) 6M 1/67

necessary.

please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages A

5 may be retained for your files. the funeral director Page 4 should be forwarded to the Chief Medical Examiner's Office along with

Health prior to burial, cremation, ar remayal, and in any meent within 72 hours ofter death.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death if



MARYLAND STATE DEPARTMENT OF HEALTH

BALTIMORE, MARYLAND 21201 DIVISION OF VITAL RECORDS. Item #2d F

	13324 Item #2d F	ERTIFICATE	OF DEATH		13326
1,	PLACE OF DEATH? O COUNTY	MARYLAND	2 USUAL RESIDENCE (Who	ere deceosed lived, if institution b (OUNT)	
1	write RURAL and give necrest town)	OF STAY IN 16	HUNAPOL	or rote mits, write RURAL	L and give nearest town)
4	a NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street or	idress)	STREET ADDRESS	11/1 Green	St. B IS RESIDENCE ON A FARM?  YES NO
3	DECEASED (Type or print)  Mary  C	-	LIJAMS	DATE Month OF DEATH	Doy Year 19 19 67
	F W WIDOWED	R MARRIED B.	0-2-1880	) Slast burthday) Yrs	IF UNDER 1 YEAR IF UNDER 24ARS Months Doys Hours Min
dar	JSDAL OCCUPATION (Give kind of work done in District in Moustry in District in Court in District in Court in Court in District in Court in District in Court		HUDSON	; R.Y	12 CITIZEN OF WHAT COUNTRY?
	TAMES BYAN		MOTHER'S MAIDEN NA	WELCH	
	WAS DECEASED EVER IN 5 ARMED FOR CES?  (If yes give wor or dotes of service)	RITY NO 17 IN	15. Mile hh.	Address FCAIC	Kin St. #2
	TB CAUSE OF DEATH (Enter on y one couse per line for (o). (b) property in the part I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	1 12	y Heromer	- Lg	INTERVAL BETWEEN ONSET AND DEATH MILLIAGE
	Conditions, if ony, which gove (b) (b) rise to immediate couse (a), (b)				
	stoting the underlying couse (c)  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T WOT DELATED TO T	UE TEDM NAL DISEASE CONDI	TION CIVER (% PART 1/o)	19 WAS AUTOPSY
CERTIFICATION			<u> </u>		PERFORMED? YES NO
	OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	,	Enter noture of injury in Po	·	
MEDICAL	20c T ME OF .h. JRY Month, Day, Year Haur a.m pm. 19 20d NIURY OCCUI While Not W at work 1	Thile focto	E OF INJURY (Home, form, ry, street, office bldg, etc.)	20f (City or town)	(County) (State)
		eceased fram and that	death accurred at	45 to 10/17 M, from causes or	, 19), that (1) (we) last and an the date stated above
	220 SIGNATURE	MD	PHYS XX DI	ED STAFF RECTOR PHYS	22b DATE SIGNED /20/67
	22c PHYSICIANS NAME (Type) Richard N. Peeler,	M.D.	22d ADDRESS 121 Catheo	iral St., Anna	polis, Md.
23	BURIAL (REMATION, 23b DATE THEREOF 23c NAM	OF CEMETERY OR C	REMATORY	2307 LOCATION (City or Town	1 1 1

REGISTRAR'S SIGNATURI

**QSb** 

REC D BY REGISTRAR

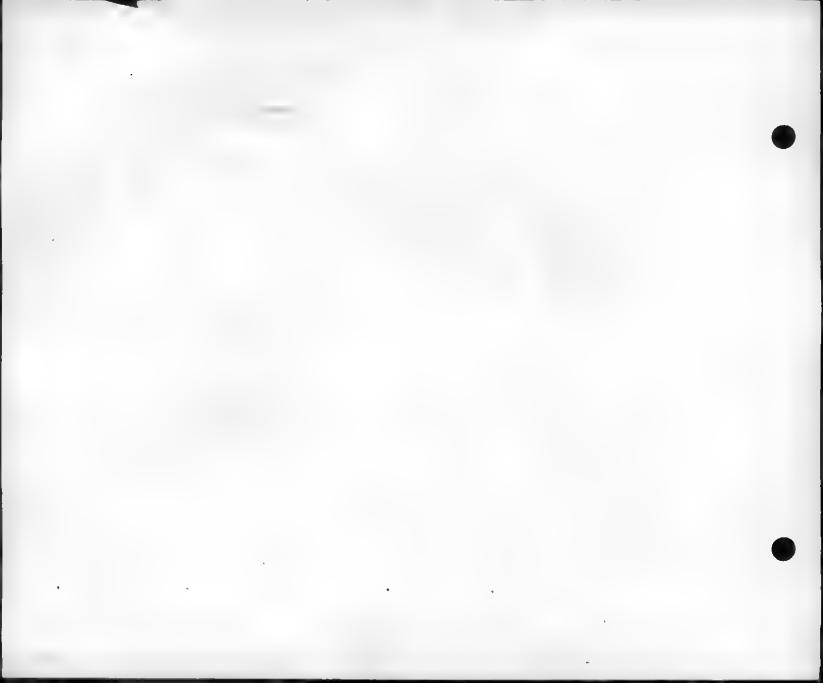
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cample ely filled in by the funeral director, page 3 should be detached for use as the burial-trans t permit. Then please remaye carban pagers. Pages 1-and 2 should be filed with the State Dept. of Health priar to burial, crematian, or removal, and in any event with the State Dept. of Health priar to burial, crematian, or removal, and in any event with the State Dept. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

2224

VR A15 (4) 25M 1/67

FUNERA.

DIRECTOR



# MARYLAND STATE DEPARTMENT OF HEALTH

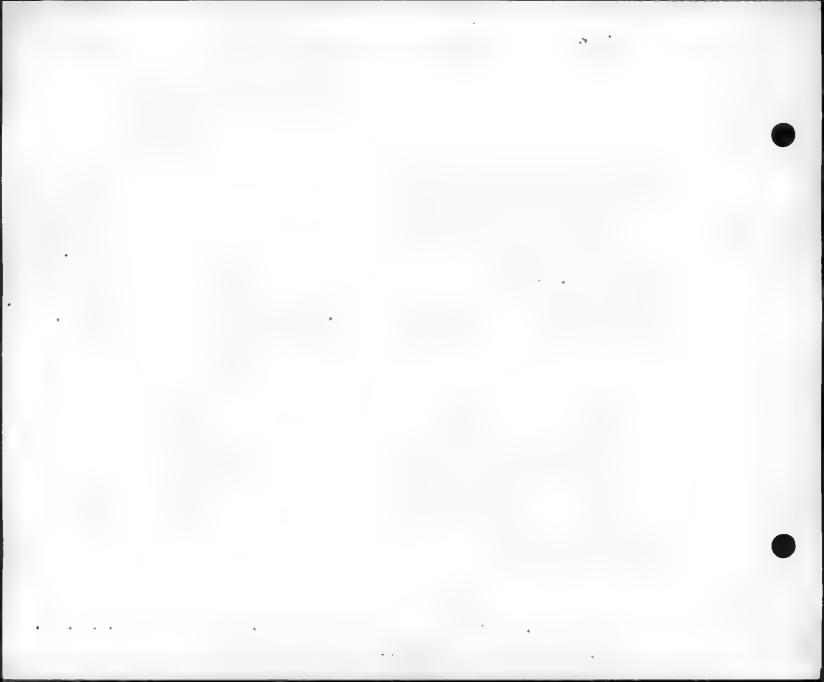
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13325

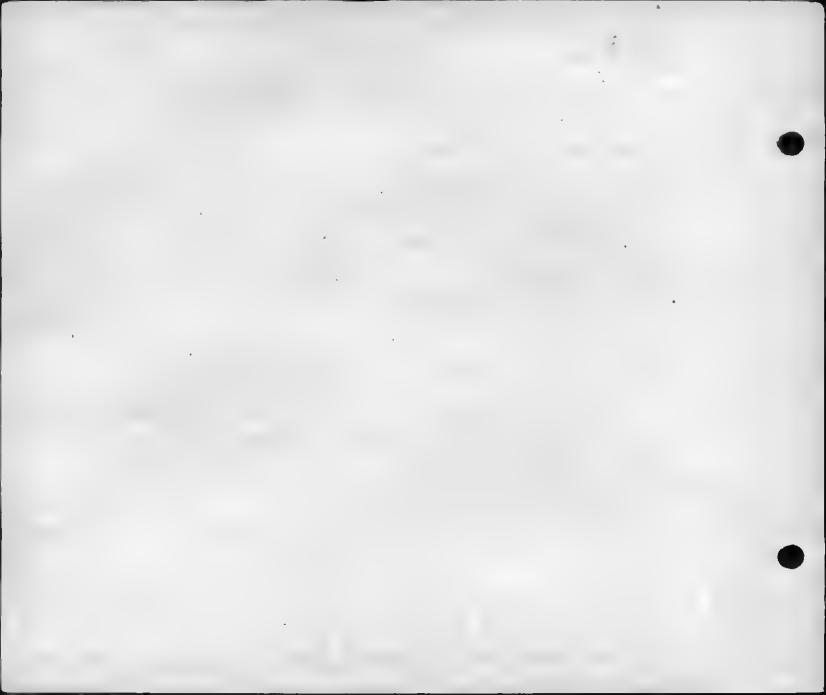
## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

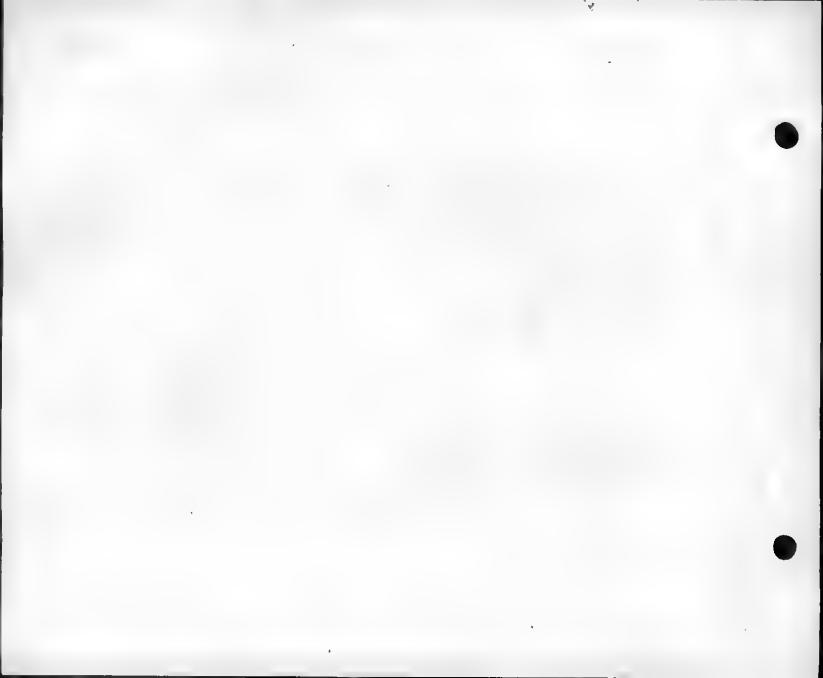
13327

HEALTH DEPT!			DENCE (Where deceased lived, if institution Resi	idence befare admission)
is of of		O. COUNTY AACO . MARYLAND O. STATE	MD b. COUNTY	1 A Co
oy is 3 to Poge ant of			A (If outside corporate limits, write RURAL and	give negrest town)
defoy ond 3 M3. Po tment		write PIIPAT and give negrest town)		
PM3.	_		Manor, Maryl	
5 6	1	d. STREET ADDR		e IS RES DENCE ON A FARM?
form, 19		D.O.A-NORTH. ARUNOEL-HOSP 1406	ypress work	YES NO X
e Page with fo		NAME OF First Middle Lost	4 DATE Month	Day Year
we Pour		DECEASED (Type or print)  Leo  Miller	OF DEATH	4 1967
a :5 E	-	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH	9 AGE (In years IF JN	DER I YEAR IF UNDER 24 HRS
		M WIDOWED I DIVORCED IN 12-11-	-/O last birthday) Manth	ns Days Haurs Min
vithin 24 homrs opencil in Item 18 cominer's Office of poges Iond2 vieurs after death	10n	, , , , , , , , , , , , , , , , , , , ,		CITIZEN OF WHAT
of the least of th		ing mast af warking life, even if retired) NDUSTRY	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	COJNTRY?
~ C VI	10	Roilermaker Ten	nessee	U.S.
within pencil comine le pog hours	13.	FATHER'S NAME 14 MOTHER'S N		
		Willard C. Miller	unknown	
ed w in F in Exel I Exel 72 h		WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT 16 SOCIAL SECURITY NO 17. INFORMANT	Address Ser	vern Manor, Md.
	115	Yes WWII 3hl 05 6107 Mrs. Rebec	ca Miller - 1106 Gyni	ress Rd
e execut pending* ef Medicc ssit permi		18 CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c))		INTERVAL BETWEEN
be e "pea nief ansit ent		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Cledies clesecte	2	ONSET AND DEATH
ld be rd "pe Chief transit		4347 IMMEDIATE CAUSE (6)		ourl.
should e word o the Ch uniol-tra		Candidans of any which area		
he he he he he he		rise to immediate cause (a), DUS TO		
ficate thing the rided the as o		stating the underlying couse (		
writing the writing the worded to seed as a purally and a a		lost (c)		Tra management
This certificate cate, writing the forwarded the be used as a removal, and r	<u>اچ</u>	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBLE ING TO DEATH BUT NOT RELATED TO THE TERM NA. DIST	EASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?
	CERTHEICATION			YES NO 🕞
The lice of the li	THE	20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of in	njury in Parl I ar Part II of ilem (B.)	
certificate, ould be for es. chould be for es. chould be to the chould be to the chould be to the contract of		CAUSE OF DEATH		
EXAMINER: T unte the certific age 4 should b your files. Page 3 should cremation, or r	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hai		(Caunty) (State)
EXAM ute th ige 4 your Page cremat	MED	Haur a.m. While Not While of wark of wark	(dg ,etc)	
EX.		21. I certify that I taok charge of the remains described above, held an Autopsy	/	and in my opinian
9 0 = 4				
orcal se exector. I			amicide, Undetermined manner	
MED please I direction retain DIRE		ACTUAL SOTO /	MEDICAL EXAMINER	22. DATE SIGNED
		SIGNATURE ( ASSISTI	ANT MEDICAL EXAMINER	ZZ, DATE STONED
SSOTY, P Conerall by be r NERAL th prior		EXAMINER'S DEPUTY	Y MFDICAL EXAMINER 🔀	1/-1/7
o DEPUTY necessory, property may be m				0-4-67.
	230	BURIA, CREMATION 236 DATE THEREOF 23C NAME OF CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
5 g = v 5 m		Burial Oct. 7, 1967 Glen Haven Memorial	Pk. Ritchie Hgwy. A	.A.Co. Mi
	24	FUNERAL DIRECTOR ADDRESS 2S	SO RECD BY REGISTRAR 256 REGISTRAR	S SIGNATURE
VR A15MB	-	deorge J. Gonce-1001 Ritchie Hgwy. Baltimore	ACT & 1967 Ochon	La Justan

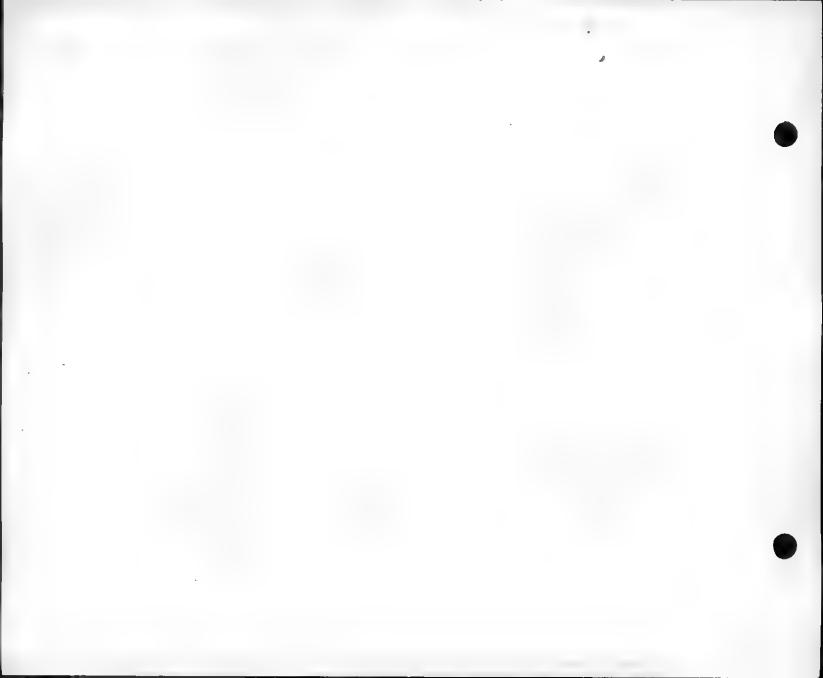


301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 3326 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) . COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporata limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town write RURAL and give nearest (pwn) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddrass) d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO K 3. NAME OF Month DECEASED OF (Type or print) DEATH 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months WIDOWED [ DIVORCED 10a USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? State, or foreign country) done during most of working life, even if retired) 13. FATHER'S NAME MOTHER'S MAIDEN NAME Then please IS. WAS DECEASED EVER IN U.S. ARMED FORGES? 16 SOCIAL SECURITY NO.1 (Yes, no or unkown) (lifyes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU CERTIFICATION \$ Q PERFORMED? NO P 208 ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) ٥ detached 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (State) Whila factory, street, office bldg., etc.) Not While at work et work DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from .... from the causes and on the date stated above saw the deceased alive on... ... and that death occurred at 7 22a. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. death. Page 4 M.D. with f HOSPITAL 22c. PHYSICIAN'S ADDRESS NAME (Type) director, be filed w 23a. BURIAL, CREMATION, | 23b 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, fown or county (State) CLD\_BY REGISTRAR





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) COUNTY b. COUNTY 2, and 3 ta PM3 Page partment of MARYLAND b CITY OR TOWN ( f outside corporate im ts, CLENGTH OF STAY IN 16 TOWN (If outside corporate limits, write RURA), and give nearest town; CCITY-OR wrde RURAL and give nearest town) d STREET ADDRESS e IS RES DENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (I not in hospita, give street address) shauld be farwarded to the Chief Medical Examiner's Office along with-form But 390 - Woods NO 1/2 Item 18, Give Pages 24 haurs after death 4 DATE 3 NAME OF Year OF DEATH DECEASED 1967 (Type or print) IF UNDER 1 YEAR DATE OF BIRTH File pages land 2 with 5 SEX NEVER MARRIED AGE (In years 7 MARRIED last birthdov) Hours in any event within 72 hours after death. WIDOWED DIVORCED 100 USUA, OCCUPAT ON (Give kind of work dane 106 KIND OF BUSINESS OR (State or fareign country) 12 CIT ZEN OF WHAT COUNTRY? BONS BIN ding during most of working life, even if retired) This certificate shauld be executed within 13 FATHER'S NAME ONROE IS WAS DECEASED EVER NUS ARMED FORCES? 17 INFORMAN 16 SOC AL SECURITY NO burial-transit permit. (Yes, np. of unknown) (If yes give wor or gates of service Woods IB. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c) ) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) wr ting the ward. DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO 0.50 stating the underlying couse and be used 9 WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART [19] crematian, ar remayal, CERTIFICAT 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter pature of mury in Part 1 or Part 1 of Idem 18) 3 shauld (State) 20c TIME OF INJURY Month Day Year 20d NJURY OCCURRED 20e PRACE OF NJURY I Home, farm City or fown! (County) factory treet off elida etc.) Page Not While 11) of work at work the funeral director. Page 21. I certify that I took charge of the remons described obove held on Autopsy Inspection Inquiry | and in my opinion O FUNERAL DIRECTOR: Health prior ta burial, death resulted from: Homic de Undetermined monner Natural couses Accident L. Suicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIG NATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** may NAME (Type) NAME OF CEMETERY OR CREMATORY BURIAL CREMATION. BEROVAL (Specify) 24 FUNERAL DIRECTOR VR A15ME (5) 6M 1/67 ORTON



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13329

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13331

TOK	mair	- 1				***************************************					•	10	CALL	
HEALTH	DERT.	ı	1. 1	LACE OF DEATH				2	USUAL RESIDENCE (	Where deceoses	lived, if institut	ion Residence b	efore odmissir	on)
2 4	12)	ı	0	COUNTY	A.Co.		MARY	AND	o. STATE	Wash.	b. cou	YAKKI YAK	XX.	
5 m 3		ŀ	ì		outside corporate limit	s	C LENGTH OF STAY IN		CITY OR TOWN (If or					
del ond	Ĕ			write RURAL and	give nearest town)		1 0 /	il		, ,	Washin	_		
2,2	por		_	ACMOR OF HOSPIA	Army Hose	ol a bessel at	ortaliados (	H. Mond	STREET ADDRESS	unjur.	A COSTATION		e IS RESII	DENCE
F mo	ote Deport	91		0 P-	1 19		0 /2 E	1	RIZXXX	<b>K</b> 158-	- Ches .p	SW eake ST	ON A F.	
age oge	5	Ì	3 t	IAME OF		irst	Midd e		Lost	4 DATE	Mon	th	Doy Yes	ár –
de p	1 ±			ECEASED Type or print}	301	10-	1	,	MOORE	OF DEATH	10	, ,	5 190	.7
ofter d 8 Give			5 5		6 COLOR OR RACE	7 MARRIED	NEVER MARRIED	B [	DATE OF BIRTH		AGE (In years	IF JNDER 1 YEA		
				1-	W	WIDOWED	DIVORCED		184.6-189.	3- 7	lost birthdoy) ソス yrs	Months Do	ys Hours	Min
hours Item 1 Office	ges land 2 ofter deoth				Give kind of work done		O OF BUSINESS OR		11 BIRTHPLACE (State	or foreign cou	ntry)		OF WHAT	
4 4 7 0 0 0 0	i jo		durii	ng most of working to 110US ewif			JSTRY Os <b>tic</b>		Ireland			COUNT	A	
n 2 Il ir	pages urs offi		13.	FATHER S NAME	<u> </u>	ar 0111	00010	1 14	MOTHER'S MAIDEN	NAME				
withir penci	e po			John She	ahan				Margare	t Hogar	1			
- = B	File 7		15		IN U.S. ARMED FORCES?	16 50	CIAL SECUR TY NO	17 INFO			Addr	955		
pending" ef Medicol	transit permit. File paç event within 72 hours		(Ye		If yes give wor or dotes	of serv (e)		Mrs.	Shelia T	hompsor	Dau.	) Samo	as # 2	2
xec Idin	permil		_	NO IR CAUSE OF DEA	ATH (Enter only one co	use per line for le	) (b) and (c))			1	,		INTERVAL BET	TWEEN
e e e	set v		- 1	PART I. DEATH	I WAS CAUSED BY	ANI	eriosiler	isio	Glassa	ullen	2		ONSET AND D	
d b	burial-transrt any event	i		4500	IMMEDIATE CAUSE	(0)			9-100	6		2	enel_	
word the Cl	urial- any			Conditions, if ony,		(5)								
				rise to immediate	couse (o).	(-1								
g t ed	0 -			stoting the underl	ying couse	le le								
tific ithin ard					NIFICANT CONDITIONS	(A)	DEATH BUT NOT DELL	TED TO THE	TERMINA DISEASE CO	NOTION CIVEN	16. PART 1.01		19 WAS AUT	nPSY.
s certificate s s, writing the forwarded to	be used removol,	7	CERTIFICATION	PARTII OTHER 30	MIFICANT CONDITIONS	CONTRIBUTING TO	BUT NOT KED	CIED TO THE	TERMINAL DIEASE CO	NOTITON GIVEN	IN TAKE HOT		PERFOR M	/ED3
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1 3 9 9	uld or r		ERRIE	PRIMARY Or CON		SOD DE20	KIBE HOW INJURY OF	CUKKED (Ent	er noture of injury in	PORT OF PORT	II of Item 18.)			
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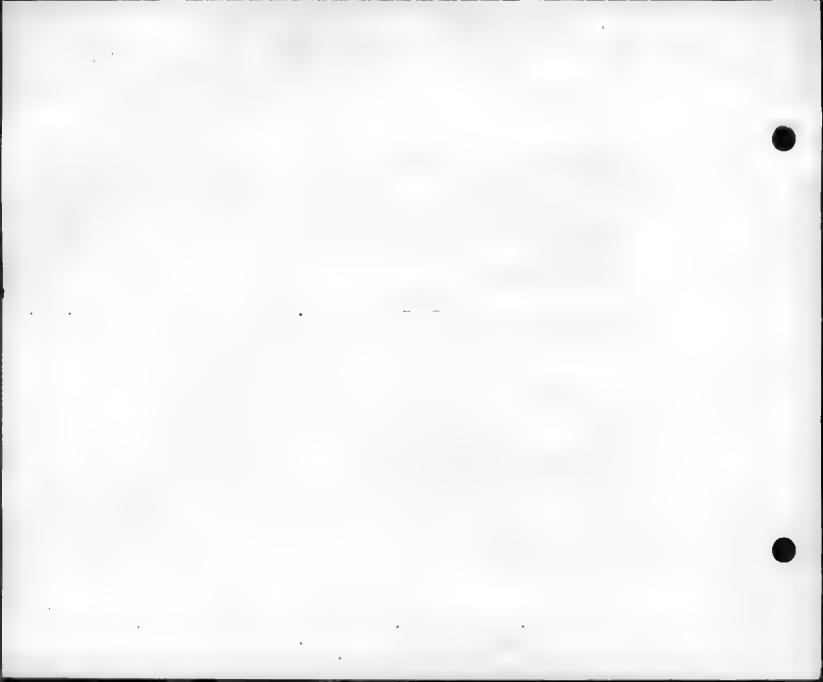
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND, CERTIFICATE OF DEATH offerdeath. within 24 hours after death filled in by the funeral papers. Pages Lond PLACE OF DEATH USUAL RESIDENCE (Where deceded lived, if institution Residence before admission) o. STATE o. COUNTY MARYLAND CITY OR TOWN (If outside corporate I mits c LENGTH OF STAY IN 16 outside corporate timits, write RURAL and give nearest tawn) hours write RURAL and give negrest town), IS RESIDENCE ON A FARM? d STREET ADDRESS d, NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) X NO YES ond fompletely f remove carbon NAME OF DATE Year OF DEATH executed S. SEX 7. MARRIED NEVER MARRIED last brithday) Months Hours WIDOWED DIVORCED ond in any attending physicion ond permit. Then please rem 12 CITIZEN OF WHAT Ob. KIND OF BUSINESS OR BIRTHIFLACE (County & State, or foreign country) requires that the death certificate be **COUNTRY?** 14. MOTHER'S MAIDEN NAME 13 , FATHER'S NAME or removol, INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor ar dates of service cremation, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (c).) the signed by the burial-tronsit p burial, crematic ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) attending physicion. DUE TO Canditions, if any, which gove rise to immediate couse (o), DUE TO for use as the b f Health prior to b stoting the underlying couse hos been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION NO the hospitol or TO FUNERAL DIRECTOR: After this certificote 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) TIME OF INJURY Manth, Day, Year factory, street, office bldg., etc.) Not While Haur a.m. While at work of work 21. I certify that (1) (this hospital) aftended the deceased from be retoined A M, from causes and on the date stated above 1960 and that death accurred of saw the deceased alive on. 22a SIGNATURE 22b DATE SIGNED ATTENDING DIRECTOR director, page 3 should be filed v M.D PHYS PHYS 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION 23b DATE THEREOF 23d . LOCATION (City or Town) REMOVAL (Specify) **FUNERAL DIRECTOR** 

MARYLAND STATE DEPARTMENT OF HEALTH



# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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de d		PLACE OF DEATH					2. USUAL RESIDENCE	(Where deceased			petare adm ssion)
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eath certificate t anding physician nit. Then please ar remaval, and		N:	ick Nicho	las			Mary N	icholas	3		
The contract of the contract o	15	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16	SOCIAL SECURITY NO	17. IN	FORMANT	-	Addre	SS	Poplar S
	{γ∈	s, na, ar unknawn) <b>NO</b>	(If yes give war ar dates	al service)	23-14-27	92A	Mrs. Asp	asia Ni	chola	s An	na. Md.
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PHYSICIAN: e hospital ar his certificate stached far u Dept af Heali	RTIF	20a ACCIDENT WAS OR CONTRIBUTING	☐ CAUSE OF DEATH	205 1	DEZEK BE HOM INJUKA	OCCURRED (I	nter nature of intury ii	Part Lar Part L	at item IB)		
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TEN TEN THE		saw the d	ceased alive an	Oct.	<u>13 1967,</u>	and that	death accurred a	1435 M, fi	am causes	and an the	date stated above
OR ATTE be retaine DIRECTOR ge 3 shaul		22a. SIGNATURE	11111	0			ATTENDING	- MED -	STAFF _	22b. DAJE	SIGNED
OR be re point of week w			Jele lust	dun	<del></del>	M.D	PHYS.	DIRECTOR .	PHYS _	10/1	4/6)
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TO HOSPITAL (Page 4 may b TO FUNERAL D director, page 4 should be file		NAME (Type)	7								
UNI UNI Suffe	230	BURIAL, CREMATIC		IEREOF	23c. NAME OF CEI	METERY OR C	REMATORY	23d LOCAT	ION (City or To	wn) (Co	(State)
O HOS Page / O FUN shoul		REMOVAL (Specify Burial	Oct.	16 19	67 St.	James	Cemeter	y Anna	apolis	. Ma	ryland
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	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  CERTIFICATE OF DEATH	
_	13334	
	PLACE OF DEATH  a. COUNTY  b. COUNTY  b. COUNTY  b. COUNTY	95510
<b>1</b>	CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give pagest lown)	ď
1	c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	iap .
٢	S. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)  of IS RESIDENTIAL OR INSTITUTION (if not in hospital, give streat address)	DENC
2	XAZO HOROS NUCSION LLOWNE 7355 Turnaco Bronch Kd. YES N	ARM
	NAME F Middle A Lest 14 DATE Month Day Year	
	(Type or print) WASHED NICHOLS DEATH 10 19 6	7
	SEY 6. COLOR OR RACE 7. MARRIED 1 B. DATE OF BIRTH 9. AGE (In years   IF UNDER 3 YEAR   IF UNDER 24	
-	TEMALE NEONO WIDOWED DIVORCED   1-8-18 97 18 yrs.	Min,
l0ă. dor	. USUAL OCCUPATION (Give kind of work programmed from the during most of working life, avan if retirad)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (County & State, or foreign country)	INTR
13.	Expuse wife Tharyland (1.).	
13.	Istillian I was	
5.	WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. ENFORMANT	Mari
	as, no, or unkown) (Ifyesgivawarordatesofservica) (C210 22 1/2/	. 1
1	18. CAUSE OF DEATH  Enter only one cause par line for (a), (b), and (c).]	EN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONUS OCCIOSION ONSET AND DEA	TH
	DUE TO	
	Conditions, if any, which (b)	
	gave rise to immediata cause  [a], stating the underlying DUE TO	
	cause last. (c)	
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUT. PERFORM	OPS'
$_{\rm U}$	YES NO	
2	20s. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)  OBSIGNED TO BE THE CONTRIBUTING EXAMINERY  OBSIGNED TO BE THE CONTRIBUTION OF THE CONTR	
- 4	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, ; 20f. (City or town) (County) (Ste	ntan)
MEDICAL	Hour a.m. While Not While factory, streat, office bldg., elc.)	-41
≥	p.m. 19 at work at work 10 at wor	
	21. I certify that (I) (this hospital) attended the deceased from	,
	22a SKENATURE 22b. D	ATE
		IGN
	22c. PHYSICIAN'S NAME (Type)  AND COMPANY  NAME (Type)  AND COMPANY  NAME (Type)	1
	Kilhard Heunt 100 Charry Land, Wen Burne, Ma	_
	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 24d LOCATION (City, town or county) (State	)
	BURIAL 10/15/6,1 Drown Chapel (Pin. Duyton, Ma.	_
24-	FUNERAL DIRECTOR'S SIGNATURE  Appress Care Control of 1967 Registrar's SIGNATURE  Appress Care Control of 1967 Registrar's SIGNATURE	
	My John Marie Indige	**



and 2

PLACE DE DEATH

MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

17		
П	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission a. STATE // b. COUNTY
	MARYLAND	a. sinite M
	b. CITY OR TOWN (if outside corporate limits.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town
	White RURAL and give nearest town)	Annabalis'
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	
	BA-T Mours nursing Homo	304 M. Linder Out YES TINDE
	3. NAME DF DECEASED First MAGNIB	Last 4. DATE Month Day Year
-	(Type or print) John G. Molle	DEATH (0-4-6 / 19
	5. SEX COLOR OR RACE   7. MARRIED   NEVER MARRIED   DIVORCED	8. DATE OF BIRTH  9. AGE (In years   IFUNDER 1 YEAR   IFUNDER 24 HR   last birthday)   Months   Days   Hours   Min.
1	10a. USUAL OCCUPATION (Give kind of work done   10b, KIND OF BUSINESS OR	11. BIRT HPLACE (County & State or mirrium country)   12. CITIZEN OF WHAT
	during most of working life, eyen if retired) INDUSTRY	COUNTRY?
-	ret. Disefitter 143 Gov +	Maryland
1	15. PAIDER'S NAME	14. MOTHER'S MAIDEN NAME
1.	Dernard Note	LINKHOUN
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) ((If yes give war or dates of service)	INFORMANT Address
	1/es U w T 218-42-3538 A	JONES M. Nolte - same as #2 above
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONCOUNTER A	COST CELLERO ONSET AND DEATH
ı	DUE TO POSE 10 C	
П	Cenditions, if any, which	<i>f</i>
1	gave rise to immediate	To Dellow Co.
	underlying cause last.	- Blooder & melestato
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL  20a. ACCIDENT WAS UNDERLYING []   20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	ICA.	YES NO
	20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC	CURRED. (Enter nature of Injury In Part I or Part II of Item 18.)
	G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PL	ACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
	Atting Caller Atting	tory, street, office bldg., etc.)
		10(6)
	21. I certify that (I) (this hospital) attended the deceased from_	19 19 19 to 10 19 that (I) (we) las
П	saw the deceased alive on /C 19 and the	at death occurred at M. from the causes and on the date stated above
	TODAY THE	ATTENDING MED. STAFF
1	22c. PHYSICIAN'S	D. PHYS. DIRECTOR PHYS.
	NAME (Type) Robert R. HAHO	1 Severna Oour me
1	23a. BURIAL, CREMATION, 23b. DAYE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify)	RY OR CREMATORY   23d. LOCATION (City, town or county), (State)
	Burial (Specify) 10/4/67 Cedar Bluf	of Ceneton Holosopelis AH. Med
1	24. FUNERAL DIRECTOR ADDRESS	25a. AEC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE
	Hennewatteneral Home - Hawkeelis ma	PATRICT 1 0 1967 Clarles Judge

VR A15 (4) 20M 1/65

O HOSPITAL OF ATTENTING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL PIRECTOR: Aller this certificate has been signed by the attending physician and completely filled in by the fuperel director, page 3 should be detached for use as the burial-transit permit. Then please remove-carbon papers. Pages 1 And-3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13336 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE b. COUNTY Anne Arundel Maryland Anne Arundel MARYLAND b CITY OR TOWN (If outside corporate amits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest tawn) Annapolis Annapolis e 15 RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (If not in hospito), give street address) d STREET ADDRESS ON A FARM? 1213 McKinlev St NOX Anne Arundel General Hospital 3 NAME OF Middle 4. DATE Lost DECEASED OWENS Jr. Charles 1967 Ashbv 28 (Type or pant) DEATH October S SEX 6 COLOR OR RACE 8 DATE OF BIRTH AGE (In years IF UNDER YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED remave last birthdoy) Months Doys Hours Male White WIDOWED DIVORCED Aug. 23, 1914 IDO USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1Db KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) INDUSTRY County Govit Maryland Watchman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remaval, Charles A. Owens,
15 WAS DECEASED EVER IN U.S. ARMED FORCES? Beulah Bullen 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service Althea E. Owens - same as #2 above 214-05-0932 no 18 CAUSE OF DEATH (Enter only one couse per lige for (o), (b), and (c)) INTERVAL BETWEEN burial-trans\* PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by DUF TO: ecurrent Subarechword Kemorrhag Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse by the haspital ar attending PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART IN PERFORMED? NO XX 2Do ACC DENT WAS UNDERLYING . 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF IN.JRY (Hame, form, 2Dc TIME OF INJURY Month, Doy, Year 2Dd INJURY OCCURRED (C ty or town) (County) (State) Hour o.m. factory, street, office bidg, etc.) of work Oct. 28 . 19 67 that (1) (v2) last I certify that (I) (thischarged) attended the deceased from ta ro Hospital OR ATTEND Page 4 may be retained Oct. 28. 1967, and that death accurred at M, fram causes and an the date stated above. saw the deceased alive on TO FUNERAL DIRECTOR: 22b DATE SIGNED 22d SIGNAT STAFF DIRECTOR PHYS director, page shauld be file NAME (Type) 1407 Forest Drive, Annapolis, Md. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230 BUR AL, CREMATION, 23d LOCATION (City or Town) REMOVAL (Specify) Hillcrest Cenetery bur lal Annaholis 24 FUNERAL DIRECTOR 2So REC D BY REGISTRAR VR A15 (4) 25M 1/67 Funeral



	DIVISION OF STATISTICAL RESEARCH AND RECORDS,	
	12235 CERTIFICATE	OF DEATH 13337
_	PLACE OF DEATH  a. COUNTY  ALLICE  ARTHURA  D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest fown)  C LENGTH OF STAY IN 1b	2. USUAL RESIDENCE (Where decased lived, if institution, Rasidence before ed e. STATE b. COUNTY Maryland Anne Arundel c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town
	illersville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)  Anollwood Nursi g Lome NAME OF DECEASED (Type or print)  HENRY	d. STREET ADDRESS  a. IS RESONNA  VES 1  Ves
10	SEX  6. COLOR OR RACE 7. MARRIED WINEVER MARRIED 18  1. Litz WIDOWED DIVORCED 1	8. DATE OF BIRTY 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 2   Hours   IF UNDER 2   Hours   IF UNDER 3   Hours   IF UNDER 3   IF UNDER 4   Hours   IF UNDER 4   IF UNDER 5   IF UNDER 5
	retired farmer tennant	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
15	John Paddy  WAS DECEASED EVER IN U.S. ARMED FORCES?  So, no, or unkown) (Ifyesgive were datas of sarvice)  16 SOCIAL SECURITY NO. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17	Mary (Last name unknown)  INFORMANT  Address  yrtle E. raddy - sane as 1/2 above  INTERVAL BETWOONSET AND DE
7	Conditions, if any, which gave rise to immediate cause (a), stating the underlying causa tast.  DUE TO  (b) the underlying tage of the underlying causa tast.	atten crele reris  OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 100] 19. WAS AU
CERTIFICATION		YES N N N N N N N N N N N N N N N N N N N
MEDICAL C	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED   20c. PLA	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Story, street, office bldg., afc.)
	21. I certify that (I) (this hospital) attended the deceased from.  saw the deceased alive on	death occurred at 225, M, from the causes and on the date stated a
	22c. PHYSICIAN'S NAME (Type) MAX C FRANK MY	A.D. PHYS. PHYS. DIRECTOR PHYS. 1/0/1  22d. ADDRESS  Y2 SE ILITAIN Hary- Gran Beneric A
	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)  Oct. 22,1967  Lion Ceme FUNERAL DIRECTOR'S SIGNATURE	
_~	MOPPILG FULL I OF A Apparolis, ad.	DATE CT 2 3 1967 Cliente Green



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301, W. PRESTON, STREET, BALTIMORE, MARYLAND 21201

13338

CERTIFICATE OF DEATH deeth the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY Maryland MARYLAND b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 72 haurs 17 years Crownsville Baltimore d NAME OF HOSP TAL OR INSTITUT ON (If not in hospital, give street oddress) e IS RESIDENCE ON A FARM? .⊑ d STREET ADDRESS Crownsville State Hospital filled 1906 Retreat Street NO X pd within carbeff Middle (AKA) Prestond NAME OF First 4 DATE Month Doy Year gretely DECEASED Melinda event. (Type or print) Prestion 10 19 67 DEATH 9. AGE (In years IF JNDER 24 HRS SEX 6 COLOR OR RACE 8. DATE OF BIRTH IF UNDER I YEAR 7 MARRIED NEVER MARRIED remave 5/10/79 lost b rthdoy) Months Hours any WIDOWED DIVORCED Neoro BByrs. ond 106 KIND OF BUSINESS OR TOO USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) 12 C TIZEN OF WHAT 5 during most of working life, even if retired) INDUSTRY LISQUNTRY? physician and Alexandria Va. Domest to 14. MOTHER'S MAIDEN NAME remayal, Unknown Unknown IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dates of service) 219-54-3651 Ö Hospital Records, Crownsville, Maryland crematian, 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c))
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN al-transit ONSET AND DEATH IMMEDIATE CAUSE (6) Myocardial Infarction Š OUE TO Arterios Senility signed 1 Cardin-vascular disease burial, Conditions, if ony, which gove bur use to immediate couse (a), DUE TO stating the underlying couse as been as the priar to lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND T ON GIVEN IN PART I(o) 19 WAS AUTOPS) PERFORMED? Health Chronic Brain Syndrame associated with generalized arteriosclerosis 200 ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18.) ER! OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (County) (Stote) Hour o.m factory, street, affice bldg., etc.) Not While of work at work O FUNERAL DIRECTOR: After 1950 6/23 1967, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram\_ . . ta page 3 shauld filed with the S and that death accurred at 1:45% from causes and an the date stated above. saw the deceased aliverant 10/6 229 SIGNATURE 22b DATE SIGNED DIRECTOR director, page should be filed 22c. PHYSICIAN S ionell McHenry Crownsville State Hospital Mann Maryland 230 BURIAL, CREMATION (County) REMOVAL (Specify) FUNERAL DIRECTOR 2Sb REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Temth certificate be executed within 24 hmurs after Teath Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67



10000	Division of STATISTICAL RESI	ARCH AND RECORDS, 301	W. PRESTON STREET, B.	ALTIMORE, MARYLANI	21201
13337	Item ;	CERTIFICATE	OF DEATH		13339
1 PLACE OF DEATH a COUNTY	ne Arurael	MARYLAND	2 USUAL RESIDENCE (Where do STATE)	2 rd Florinty	Frindel
write QURA, ar	(If outside corporate limits; id give nearest town)	c. LENGTH OF STAY IN 16		urparate limits/write RURAL a	,
d NAME OF HOSPI	TAL OR INSTITUTION (15 nat in hospital,	The Home	d. STREET ADDRESS ()	ion St.	e is res dence On a farm? Yes  no
3 NAME OF DECEASED (Type or print)	Harriet	Middle /	eed on	ATH COT	26 1967
Finale	6 COLOR OR RACE 7 MARRIED WIDOWED		DATE OF BIRTH 4-21-1291	last b rthdoy) Ma	JNDER 1 YEAR   1F UNDER 24 HRS. nths Doys Hours Min
10a USUAL OCCUPATION	N (Give kind of work done 10b   10t   10t	KIND OF BUSINESS OR INDUSTRYNC	11. BIRTHPLACE (County & State	ar foreign country)	12 CITIZEN OF WHAT COUNTRY 3
13. FATHER'S NAME	s M. Smit	4	14. MOTHER'S MAIDEN NAME  mm = 1	F. Bu.	Hon
3 NAME OF DECEASED (Type or print)  5-SEX  100 USUJAL OCCUPATION during most of work by  13. FATHER'S NAME  15. WAS DEPEASED EV (Yes, not brunkingwn)  18 CAUSE OF E PART I DEP	ER IN U.S. ARMED FORCES? (If yes give war ar dates of service)	. SOCIAL SECURITY NO 17.	robert Fe	Address Address	#2
18 CAUSE OF D PART I DE	EATH (Enter only one cause per line for TH WAS CAUSED BY IMMEDIATE CAUSE (a)	or (a), (b), and (i))	cala Cu	uf freeze	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if on					_
stating the und					
PART II OTHER S	IGNIFICANT CONDITIONS CONTRIBOTING		HE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO
200 ACCIDENT WORLD OR CONTRIBUTION (IF EITHER, NOTIF		DESCRIBE HOW INJURY OCCURRED		r Part II af item 18.)	
20c TIME OF IN	IURY Manth, Day Year 20d. m. 19 Whi	le 🦳 Nat While 📺 📗 facti	E OF INJURY (Hame, farm, pry, street, office bidg , etc.)	20f (City or town)	(County) (State)
21. I cert	ify that (I) (this haspital) atte leceased glive on 10-20	nded the deceased from 🥏	7 - 14 , 1966 death occurred at 6.46	P to 10 - 2 6 M, fram causes and	, 19 <u>67</u> , that (I) (we) las an the date stated above
Stating the und lost.  PART II OTHER S  200 ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTIF  200 TIME OF IN Hour or P  21. I cert saw the 220 SIGNATUR!  222c. PHYSICIAN NAME (Typ)  23g. BURIA., CREMAT  REMOYA, (Special Special	Keurl & Ch	There MI		STAFF -	18/27/67
22c. PHYSICIAN NAME (Typ	Richard I. 1	tochman	16 Musi	PAY- ANN	apolis-19.24
23g BURIA CREMAT REMOVAL (Speci	ON, 23b DATE THEREOF 7	234 NAME OF CEMETERY OR	N S	d. LOCATION (City or Town)	(County) (Stote)
24 FUNERAL DIRECT	or Fredrick Sur	ADDRESS Chamapallia	DATESCII 3	1 1967 FEGISTA	ARS SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon pages have the strength of th

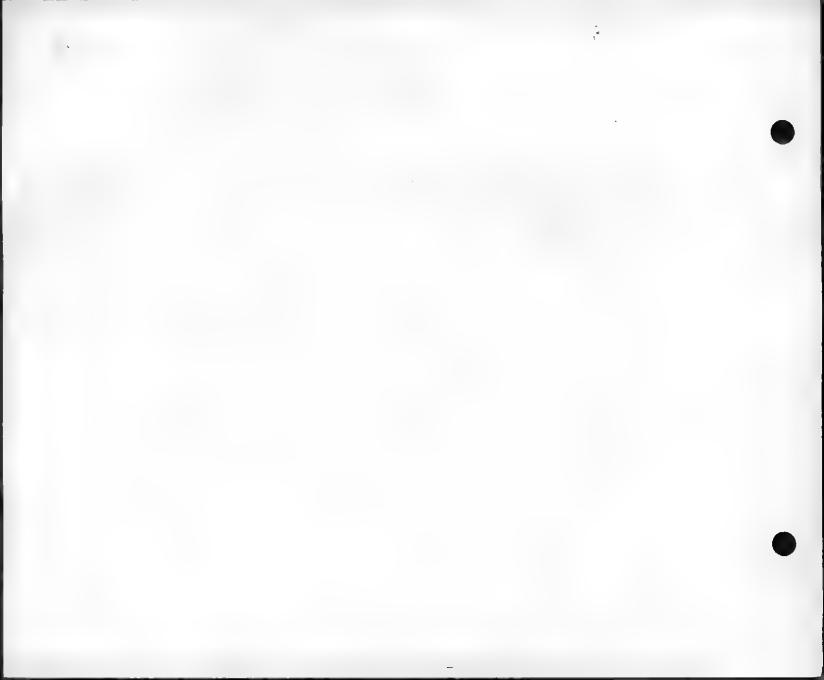
## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	CERTIFICATE	OF DEATH		13340
PLACE OF DEATH  o COUNTY  Anne Arundel	MARYLAND	2. USUAL RESIDENCE (V	Where deceosed lived, if institution and b. COUNTY	
write RURAL and give nearest town) Annapolis	length of stay in 16	Pasad	tside corporate limits, write RURAL ena	
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give st Anne Arundel General Hospita		d STREET ADDRESS	Beach Drive	e IS RESIDENCE ON A FARM? YES NO KX
3 NAME OF First DECEASED (Type or print)  Mary  F	Middle Frances	REYNOLDS	4 DATE Month OF DEATH October	Doy Year 11 19 67
S SEX 6. COLOR OR RACE 7. MARRIED THE WIDOWED TO		DATE OF BIRTH	east hirthday) N	TUNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min
10b JSUAL OCCUPATION (Give kind of work done during most of working life, even if retired) iNDUSTI	F BUSINESS OR RY		Stote or foreign country) more, Maryland	12 CIT ZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN I		
(Yes, no, or unknown) (If yes give wor or dates of service)		NFORMANT Richard J	Address	Pasadena,Md.
Conditions, if ony, which gove rise to mimediate cause (a), storing the underlying couse ast	EVICECLES FUETIVES  ATHRIT NOT RELATED TO T	Vote He Palindre	pure projection of the state subject to the state subject to the s	HINGS ZUK.
OR CONTRIBUTING CAUSE OF DEATH	BE HOW INJURY OCCURRED (	Enter noture of injury in	Part Lor Part Lof Hem 18)	PERFORMED? YES NO
- (	Not While focto	E OF NJURY (Home, form pry, street, office bldg., etc.)		(County) (State)
21. I certify that (!) (this has itself) attended saw the deceased alive an	the deceased fram	death accurred at	9 to	d an the date stated above
220 SIGNATURE  22c PHYSICIANS	Huy) I MO	ATTENDING PHYS. 22d. ADDRESS	MED STAFF DIRECTOR PHYS	22b. DATES GNED
(NAME (Type) J. Fred Hawkins,		16 Murray	Ave., Annapoli	
PEMOVAL (Specify)	New Cathedra	1 Cemetery	Baltimore, N	Maryland
24. FUNERAL DIRECTOR	ADDRESS	25a REC'I		TRAR'S SIGNATURE



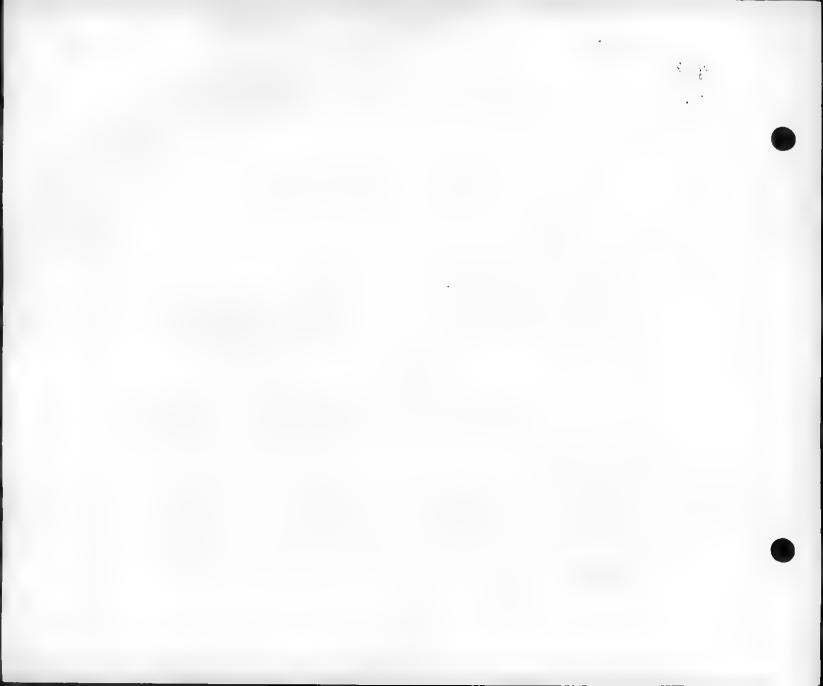
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13341 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DERT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased led, if institution: Residence before admission) a. COUNTY anne arundel a STATE b COUNTY anne arunder Page MARYI AND delay c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b 2, and PM3. write-RURAL and give/hearest town) anapales d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREEL ADDRESS e IS RESIDENCE ON A FARM? 1. 1304 YES \ NO in Hem 18, Give Pages NAME OF First Middle DATE Manth Day Year DECEASED 0F CRIVIN 19 67 10 DEATH ta the Chief Medical Examiner's Office alang S SEX AGE (In years IF UNDER 1 YEAR pages 1 and 2 with 8. DATE OF BIRTH 6 COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) Hours event within 72 hours after death. WIDOWED DIVORCED 10g LSUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even frelired) INDUSTRY 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME permit. File IS WAS DECEASED EVER IN L. S. ARMED FORCES? TO SOCIAL SECURITY NO INFORMAN (Yes, no, or unknown) (I yes give wor or dotes of serv Coame as "pending" NTERWAL BETWEEN IB. CAUSE OF OEATH (Enter on y one cause per line, burial-tralls t PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) e, writing the ward farwarded to the Ch DUE TO Canditians, if any, which gave (b) rise to immediate cause (a). 5 DUE TO 0 stating the underlying cause and last. USe remayal, PART JOTHER SIGNIFICANT CONDITIONS CONTR. BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? the certificate, NO 2e 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 3 snamld 7 PRIMARY CONTRIBUTING CAUSE OF DEATH. crematian, 20c. TIME OF INJURY Month, Day, Year 20d NJJRY OCCURRED 20e PLACE OF NJURY (Hame, farm, (City or town) (State) Haur a.m. factory, street, affice bldg., etc.) While Not While atwork at work 21. I certify that took charge of the remaine described above, held an Autopsy Inspection [ ond in my opinion burial, deoth resulted from: Surcide Undetermined monner causes. Homicide CHIEF MEDICAL EXAMINER ₽ ACTUAL 22. OATE SIGNED ASS STANT MEDICAL EXAMINER prior SIGNATURE E AL funeral þ DEPUTY MEDICAL EXAMINER **EXAMINER'S** Hea!th may NAME (Type) Address (Street, city, tawn, 6r caunty) the t DATE THEREOF 23a BUR AL, CREMAT ON, REMOVAL (Specify) 0 REC'D BY REGISTRAR REG STRAR S SIGNATURE A15ME





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

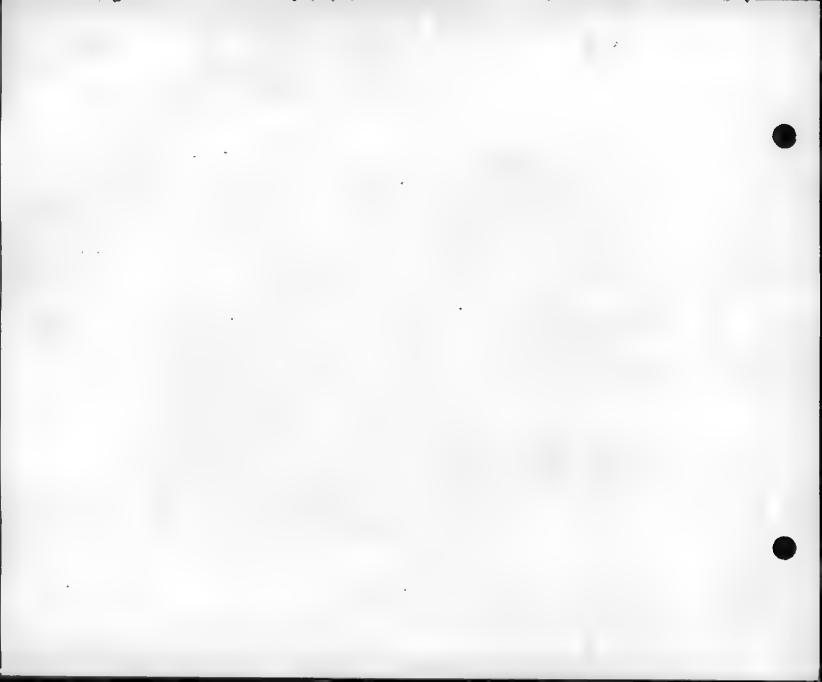
1	1		DIVISION OF V	MAKTLAND STA TAL RECORDS, 301 W			MARYLAND 21201		
~ ~		13341			FICATE OF	*		1334	3
funerol Land er death		PLACE OF DEATH D. COUNTY	a	MAR	2 USUA o STA	TRESIDENCE (Where	deceased lived, if institut- b. COUN	on Residence before	odmissign)
by the Pages	/	TTY OR TOWN (If outside	corporate limits,	C LENGTH OF STAY	IN 16 C CITY C	OR TOWN (If outside	corporale firmus write Rtf	A and give hourest	town)
lled in Papers.	1	NAME OF HOSPITAL OR IN	TUTION (If not in h	ospital, give street oddress)	8 STREE	T ADDRESS	,		IS RESIDENCE ON A FARM?
etely the control of		NAME OF DECEASED Type or print)	KON 1	astrue	Robin	1 1 101	DATE Mont	h Dpy	Year 1967
d complement	57,	Male 10	Of WI	ARRIED NEVER MARRIE  DOWED DIVORCE		5-191	AGE (In years last bathday)	Months Doys	Hours Min.
cian and ease re and in c	(	USUAL OCCL PATION (G ve kin my mass of working life, even	d of work done	10b. KIND OF BUSINESS OR INDUSTRY	R	APLACE (Gounty & Stote	e, or foreign country)	12 CHUZEN DE COUNTERS	VHAT
on. by the attending physician and completely filled in by the funeral fronsit permit. Then please remove exhan papers. Pages I and crematian, ar removal, and in any event, within 72 hours affer deal	1	WASDECEASED EVER IN U.S.A	RMED FORCES?	THE SOCIAL SECURITY NO	14. NOT	HER'S MAIDEN NAME	Stans	bur	3
attend permit Ian, or I	(Ye	WAS DECEASED EVER IN U.S. As, no for any any any and any any and any		217-161041	HOW	ertak	ofenson	1. (M)	VAL BETWEEN
on. by the fronsit cremat		PART I DEATH WAS C	AUSED BY: MEDIATE CAUSE (o)  DUE TO	general	Carcin	nomal	losis		T AND DEATH
physici signed burial- burial,		Conditions, if any, which go	o), (b)_	som	ce la	Mens	m		
nding been s the ror to		stoting the underlying collast.	(c) _					10 V	VICAL TROCK
r at e ho use use	CERTIFICATION			BUTING TO DEATH BUT NOT RE					VAS ALTOPSY ERFORMED? NO
		200 ACCIDENT WAS UNDERLY OR CONTRIBUTING □ CAUSE (IF EITHER, NOTIFY MEDICAL E	OF DEATH XAMINER)	20b DESCRIBE HOW INJURY O			or Port II of item 18)		
this this letac	MEDICAL	20c TIME OF INJURY Mont Haur a m. p m.	19	20d INJURY OCCURRED While Not While of work all work	2 6	RY (Home, form, office bldg , etc.)	20f (City or town)	(County)	( <del>e</del> 1012)
7 4 - 0		saw the deceased		attended the deceased	fram death	occurred at 1/3	M, fram causes	and an the date	
y be retained L DIRECTOR: age 3 should filed with the		226 PHYS CIANS AND	rif K-	Chnan	M.D ATTENI	DING MED. DIREC	TOR STAFF	22b. DATE SIGNED	
4 may be VERAL DIR		NAME (Type)	MICE	F.KLAW.	ANS 13	15007	HGATI	FAVE	
Poge 4 may TO FUNERAL director, pa	Ż	BURIAL, CREMATION, REMOVAL (Specify) FUNERAL DIRECTOR	23b DATE THEREOF	767 SSNO	ETTERY OR CREMATORY	250, RECID BY R	ad LOCATION City or to	nets,	))(5)01/
VR A15 (4) 25M 1/67	14	illiam &	resett 1	anna	Mil.	DATENCT 3	EGISTRAR 2Sb RE	GISTRAR'S SIGNATURE	Lan.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before admirsion) a. COUNTY **b.** COUNTY MARYLAND b. city or fown (if outside corporate limits, Maryland Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 write RURAL and give nearest town) Pasadena Pasadena d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Smallwood Road #135 Ft. Smallwood YES NO V 4. DATE DECEASED (Type or print) DEATH STEPHEN 19 67 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. last birthday) Male Months WIDOWED 🗋 DIVORCED [ 28,1908 Auoust 10a. USUAL OCCUPATION (Give kind of work гетом 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Self& Empolyed Produce Baltimore. Md. LISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Howard Schillinberg Mabel Maliticsta 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO.: 17. INFORMANT Address Same as (Yes, no, or unkown) | (If yes give war or dates of service) 228-01-3042 Mrs. Boris M. Schillinberg (wife) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] QNSET AND DEATH PART I. DEATH WAS CAUSED BY: Pneumenitis 10 days Emphysema and Conditions, if any, which gave rise to immediate cause [c] Bronchagenie Carcinema mos. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? Diabetes Mellitus NO T Hemiplegia w/ atheroselerosis 206 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part ) or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e, PLACE OF INJURY (Home, farm, ) 20d. INJURY OCCURRED I 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Not While at work at work 22e SIGNATURE ATTENDING PHYS. DIRECTOR HOSPITAL FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Smallwood Rd. Pasadena, Md. filed v 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) OFB 23,1967 Meadowridge Memorial PK. Howard Co., Maryland Oct. Singleton Funeral Home 25m. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) Glen Burnie Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH film of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Anne Arundel b. COUNTY filled in by the fun papers. Pages 1 ( thin 72 hours offer c Maryland Anne Arundal MARYLAND c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside carporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Glen Burnie 5 dovs Glen Burnie d STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) YES North Arundal Hosp. Boone Trail Severna Park pletely f DATE 3 NAME OF F.rst Middle DECEASED CHARLES Selby October Ralph (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S SFX 6. COLOR OR RACE DATE OF BIRTH AGE ( n years 7 MARRIED NEVER MARRIED remoyé last burthday) Months Days Hauts Male White 11-19-02 WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) rsiciale o pleose COUNTRY? ILS.A Foreman 13 FATHER S NAME 14. MOTHER'S MAIDEN NAME rending phys mit. Then p or removol, WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO the deoth (Yes, ng, or unknown) (If yes give war or dates of service) ZI5-61 burial, cremotion, CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) signed by the burnal-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY: PHYSICIAN: The low requires that IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (o). DUE TO stating the underlying couse loge 4 may be retoined by the hospitol or attending ve aerached for use as the Stote Dept. of Health prior ta lost. WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? EMPNUSEMIA certificate 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II of item 18.) 20g ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City or town) 20d. INJURY OCCURRED (County) (State) 20c TIME OF INJURY Month, Day, Year Hour a.m. factory, street, office bldg., etc.) Nat While at wark at work 2), I certify that (1) (this haspital) attended the deceased from 9 19 67, and that death accurred at 4 and fram causes and an the date stated above. FUNERAL DIRECTOR: saw the deceased alive an\_/Q 22a SIGNATURE 22b. DATE SIGNED STAFF PHYS ATTENDING DIRECTOR M.D. director, page 3 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) NORTH 23b DATE THEREOI 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) BURIAL, CREMATION (Stote) MICONI 2So. REC'D BY REGISTRAR 2Sb. **ADDRESS** MOIN VR A15 (4) 20 M 1/66 nnt DATE



depth

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be reto ned by the haspital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the \_\_tending\_ physician and\_completely filled in by the funeral director, page 3 should be detached for use as the burial-tronsit parmit. Then please remove action papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, ar remaval, and in only event, within 72 hours after dept.

VR A15 (4) 25M 1/67

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13346

CERTIFICATE OF DEATH

1	O. COUNTY AUNE A	RUNDEL MARYLAND	2. USUAL RESIDENCE (WHO o. STATE		on, Residence before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		ide corporate limits, write RUR	and the same of th
_	,	9/36/67		TMORE	20025 21223
	d. NAME OF HOSPITAL OR INSTITUTION (IF not in 1)	lospitol, give street oddress)	d. STREET ADDRESS	11814 AVE	e IS RESIDENCE ON A FARM?
2		Middle			YES NO
	DECEASED (Type or print) CHARLE		LTERS	4. DATE Mont	Doy Year 7 19 6 7
2	S. A.	MARRIED NEVER MARRIED	B DATE OF BIRTH	AGE (In years hast buttoday)	Months Doys Hours Min
100 dur	o. USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & :	State, or foreign country)	12 CITIZEN OF WHAT COUNTRY?
13	FATHER S NAME		14. MOTHER'S MAIDEN NA		V371
	NILLIAM SELT	ER DEC.		IN TOUS	
1 (Y	was Deceased Ever IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dates of serv		NFORMANT HUSSITAL	Addre RECERIS	ss
	1B. CAUSE OF DEATH (Enter only one couse per PART I DEATH WAS CAUSED BY:	r line for (o), (b), and (c).)  PNEUM ON:			INTERVAL BETWEEN ONSET AND DEATH
	DUE TO				
	Conditions, if ony, which gove nise to immediate couse (a),	EMPHYSEMA			some as bond
	stoting the underlying couse				
ATION	PART II OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NOT RELATED TO 1	THE TERMINAL D SEASE COND	ITION GIVEN IN PART 1(o)	19 WAS AUTOPSY PERFORMED? YES NO
L CERTIFICATION	200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Po	rf   or Port   of item IB)	
MEDICAL	20c TIME OF INJURY Month, Doy, Yeor Hour o m p.m. 19		CE OF INJURY (Home, form, ory, street, office bldg, etc.)	20f (Crty or town)	(County) (State)
	21. I certify that (1) (this haspital saw the deceased alive on		1/30/67 , 19 death accurred at	to U/7/	, 19, that (we) lost
	220 SIGNATURE	C. I ME	ATTENDING M	ED STAFF	226 DATE SIGNED
1	22c PHYSICIAN S NAME (Type) C. BENEI)	ict m.D	22d ADDRESS	el. Hal	Horalo
230	O BURAL, CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY OR	CREMAJORY	23d LOCATION (City or Tox	vn) (County) (Stote)
$\mathbb{A}$	SURIAL 10/10/6	7 ELEN	HAVEN	GLEN BUI	RNIE IH CO.
J-1/2	4 FUNERAL DIRECTOR	Patarous and	DATEO CT		GISTRAR'S SIGNATURE
14	The state of the s	2/2	17/5		- W-Y-



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY b. COUNTY Anne Arundel MARYLAND Maryland Anne Arundel b. CITY OR TOWN (if outside carparate limits, write RURAL and give nearest town) c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b Glen Burnie 13 day
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 13 days Hanover e IS RESIDENCE ON A FARM? d. STREET ADDRESS YES NO 203 Race Road North Arundel Hospita 3. NAME OF Middle Lost 4 DATE Year DECEASED (Type or print) Seymour DEATH George S SEX 6. COLOR OR RACE AGE ( n years IF JNDER YEAR FUNDER 24 HRS 8. DATE OF BIRTH 7 MARRIED **NEVER MARRIED** lost birthdoy) Months Dovs Hours WIDOWED DIVORCED 6-20-83 white 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Miner COUNTRY? INDUSTRY Alden England Glen-14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Elizabeth Short George S. Seymour WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, na, or unknown) (If yes give wor or dotes af service) Mr. Fevon Seymour(Son) Morristownm N.J. 195-09-0138 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per ling for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying cause lost. WAS ALTOPS'
PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART !(o) NO. 20a. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING LICAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (County) (State) factory, street, office bldg., etc.) Hour built Nat While ot wark ot work 21. I certify that (1) (this hospital) attended the deceased from M, fram causes and an the date stated above. law the deceased olive and and that death/accurred at 22b. DATE SIGNED STAFF MD PHYS. DIRECTOR PHYS 22d. NAME (Type) Rameriz В 3927 Annanolis Rd. Baltimore 236 BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Oct 20,1967 Dak Lawn Cemetery Wilksbarre, Penna. Singleton Funeral Home Glen Burnie, Md. 2So. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE

ofter deoth.

24 hours

requires that the death certificate be executed within

**O HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Page 4 may be retained by the hospitol or attending physicion.

TO FUNERAL DIRECTOR: After this certificate

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signed by the buriol-tronsit p

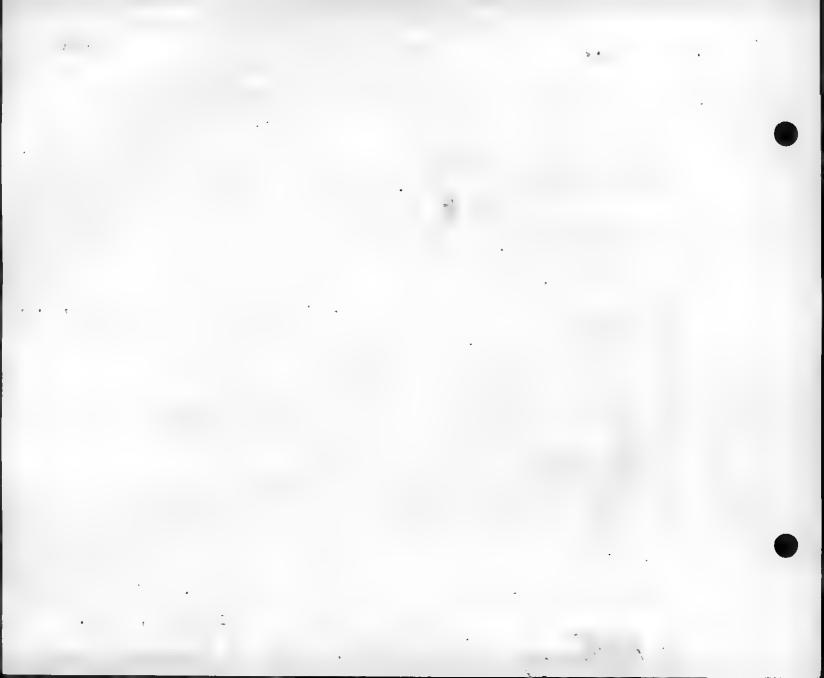
be detached for use as the State Dept. af Health prior to

director, page 3 should should be filed with the

VR A15 (4) 20 M 1/66

permit.

burial, cremation, ar removal, and in any event, within



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY COUNTY Anne Arundel MARYLAND Anne Arundel Maryland c. LENGTH OF STAY IN 16 c CITY OR TOWN (15 autside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside corparate timits, write RURAL and give nearest town) Glen Burnie d. STREET ADDRESS e IS RES DENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspita, give street address) 11 - 4地 S/E North Arundel Hospital YES NO The law requires that the death certificate be executed within 3 NAME OF Middle 4. DATE Month Year Last (Type or print) н. MOLLITE SHIPLEY October 1967 DEATH and in any even IF UNDER YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 9. AGE ( n years S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Gam remove Clost birthday) Hours Feb. 1887 White Female WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retued) sician please R.R. Baltimore, Marylar 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME signed by the attending physi burnal-transit permit. Then pl burnal, crematian, ar removal, Albert Hamlen (unknown) 17 INFORMANT 16. SOCIAL SECURITY NO 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, np-pr unknown) (If yes give war ar dates of service) 252-42-5243 Mary Rebecca Street(Burley, Idaho) INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b) and (c).) ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician. DUE TO Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse as the has been PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? NO K certificate Þ 20g ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year **DIRECTOR:** After this Hour a.m. factory, street, affice bldg, etc.) at work 21. I certify that (1) (this haspital) attended the deceased from\_\_\_\_ . 19<u>67</u>, to\_ Oct 15, 19/7, that (1) (we) last Oct 12 page 3 shauld e filed with the 19 67, and that death accurred at 6 2 M, from causes and on the date stated above. saw the deceased alive an-Oct 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS. ATTENDING M.D. DIRECTOR -16-67 22d. ADDRESS. 22¢ PHYSICIAN'S O FUNERAL NAME (Type) Encidirectar, p 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) **8URIAL, CREMATION** 10/20/67 Arlington Nat'l. Cemetery Ft. Myers. Va. 25b REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR Singleton Pofferal Home VR A15 (4) 20 M 1/66 Robert P. Ware Glen Burnie. Md.

MARYLAND STATE DEPARTMENT OF HEALTH



### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY n. STATE MARY AND partmen b CITY OR TOWN (If outside carparate i mits. C LENGTH OF STAY IN 16 c CTY OR TOWN(7) outside corparate limits, write RURAL and a ve nearest tawn) and werre RJRAL and give negrest town) after Theren NSTITUTION (If not in haspital, give street address) d STREET ADDRESS Item 18 Give Pages within 24 hours after death NAME OF First Harro Lo Midd e DATE DECEASED OF with the within (Type or print) DEATH along F UNDER 1 YEAR S. SEX 6 COLOR OR RACE R DATE OF AGE (In years 7 MARR ED NEVER MARRIED lost birthday) MALE DIVORCED WIDOWED event CV and / 10g. USJAL OCCIPATION (Give kind of work done 10b KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) during most of working life, even if retired) INDUSTRY ony pages in any Examiner s 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME ARBARA ø. and 正 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANI 16 SOCIAL SECURITY NO executed Chref Medical (Yes, no. or unknown). (If yes give war or dates of service) remaval AROLD NURSERY Rd LIN 17 · UNKRUET BEALTINGS CAUSE OF DEATH (Enter only one cause per tine for (a), (b) and (c)) burial-transit PART I DEATH WAS CAUSED BY 5 IMMEDIATE CAUSE (0) This certificate shauld writing the ward crematian, DUE TO the Conditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying couse 0 farwarded lost gs burial, PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1161 CERTIFICATION please execute the certificate, 2 should be 200 EXTERNAL CAUSE WAS prior files. 3 should 1

20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Part (I of item 18.)

PRIMARY I or CONTRIBUTING I CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year

death resulted from:

20d INJURY OCCURRED

20e PLACE OF INJURY (Home, form,

(City or fown)

Hour g.m. 21. I certify that I took charge of the remains described above, held an Autopsy

While Nat While at work

Accident .

factory, street, office bldg., etc \

Inspection -Homicide Undetermined manner

and in my opinian 22. DATE SIGNED

S RESIDENCE ON A FARM?

YES NO NO

Year

19 €

IF UNDER 24 HRS

Hours

ONSET AND DEATH

WAS A JTOPSY

PERFORMED?

NO JE

(Stote)

Aceden

Day

29

12 CITIZEN OF WHAT

Box

COUNTRY?

**ACTUAL** SIGNATURE **EXAMINER'S** 

Natural causes ,

Suicide

CHIEF MED CAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MED CAL EXAMINER

NAME (Type) BURIAL CREMATION. REMOVAL (Specify)

NAME OF CEMETERY OR CREMATORY ST. KESI

Address (Street, city, town, or county) 23& LOCATION (City of Town)

(County)

24 FUNERAL DIRECTOR

MEDICAL

AL EXAMINER:

DEPUTY

may be retained for your FUNERAL DIRECTOR: Page

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ADDRESS

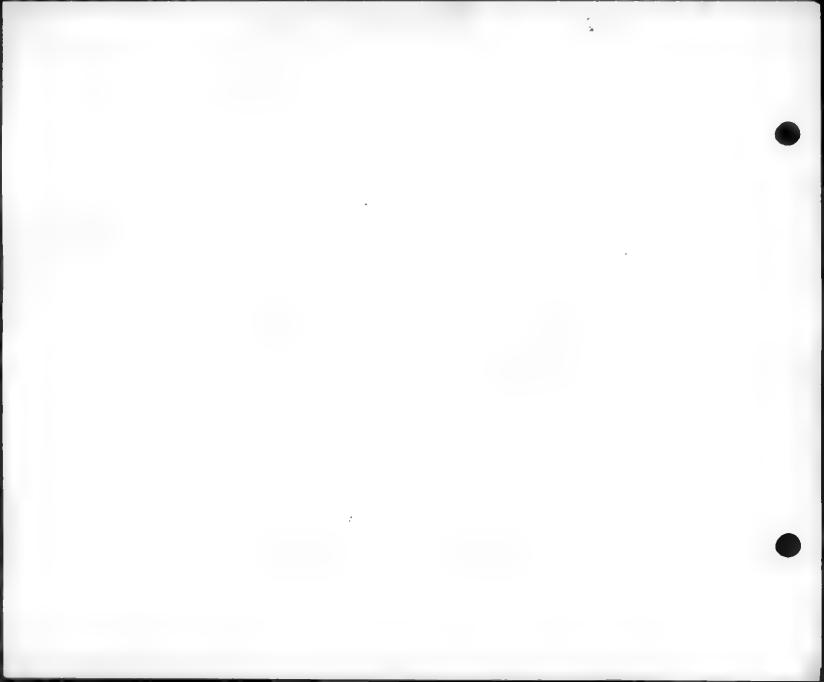
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(County)

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13348

Pages I and Pages I but a death.

by the funeral

TO NOSHIM OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled ab director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbory papers should be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 27th g

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

13350

<u> </u>		
	o. COUNTY ( Crushelmaryland 2. USUAL RESIDENCE (W	here deceosed lived, if institution Residence before admission)  b. COUNTY  COUNTY
	b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b	de corporote limits write, RURAL and give nearest town)
-	d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street oddress)  d STREET ADDRESS	e S RESIDENCE
-	93 East St. 93 & a	ON A FARM?  YES NO N
	DECEACED	4 DATE Month Doy Year
	(Type or print) DEO) 9 E O MS	DEATH 10 26 1967
2	S SEX 6 COLOR OR PLACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED 12/4/19	9 AGE (In yeors IF JNDER   YEAR   IF UNDER 24 HRS
30o dun	during good of working life, even if refired) INDUSTRY	Stote, or foreign country) 12 CITIZEN, OF WHAT
13.	13. FARMER'S, NAME	
	Glarge Sims Clina	elethe sims
15 (¥6	15 WAS DECEASED EVER IN SARMED FORCES?  (Yes, apr. or upk gawn) (If yes a verwar or dotes of service)	R. Address M.
	186 EAUSE OF DEATH (Enter only one couse per line fer (o), (b), and (c).)	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	1/20	unius.
	Conditions if any which any a	
	rise to immediate cause (o), DUE TO	
	storing the underlying couse	
	last. ) (c)	
8	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART I(0) 19 WAS AUTOPSY PERFORMED?
STE	3 Willio relicers and Oplerede	Crotic for Skelielys - NO D
L CERTIFICATION		ort I or Part II of them 18 )
MEDICAL	20c TIME OF WIJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form,	20f (City or town) (County) (State)
₩	Hour o m.  P m.  While Not While of work of wo	
	21 I certify that (I) (this hespital) attended the deceased fram, 19	10-26, 19 b7, that (1) (we) last
	sow the deceased alive on	M, fram causes and on the date stated above.
	220. SIGNATURE "TIMM III III—	22b DATE S GNED
		MED. STAFF   10-27-67
	22c. PHYSICIAN'S NAME (Type) 22d ADDRESS	
230	230 FUR AL (REMATION: 236 DATE THEREOF, 236 NAME OF CEMETERY OR CREMATORY CALL CONTROL OF COMMETCE OF	230 LOCATION (City or Town) ((County) (Stote)
-		BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE
	Dulliam Leise, 17- (rung, M. OCT)	27 1961 fillantes Judge



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13349

## CERTIFICATE OF DEATH

13351

1)	1	PLACE OF DEATH		2. USUAL RESIDENCE (W	there deceased lived, if institution	: Residence before odmission)
	1	Anne Arundel	MARYLAND	o. STATE Maryl	and b. COUNTY	Anne Arundel
		b CITY OR TOWN (If outside corporate timits.	c. LENGTH OF STAY IN 16	c CITY OR TOWN (if aut	side carparate limits, write RURAL	
		write RURAL and give nearest tawn) Glen Burnie		Pasadena.	Md.	
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospit	al, give street oddress)	d. STREET ADDRESS	7.	e IS RES DENCE
4		North Arundel Hospital		22 Poplar	Road	ON A FARM? YES NO 🔀
		NAME OF First	Middle	Lost	4 DATE Month	Doy Year
		(Type or prent) Sammie A.	äkiles		OF DEATH UCL.	20 19 67
	5	SEX 6 COLOR OR RACE 7 MARRI		ATE OF BIRTH		FUNDER I YEAR IF UNDER 24 HRS Months Days Haurs Min
		USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)  Bookeerer	o. KIND OF BUSINESS OR INDUSTRY Bowling Alley	II BIRTHPLACE (County ) Kentucky	& State, or foreign country)	12 CITIZEN OF WHAT COUNTRY 2A
	13.	FATHER'S NAME		14 MOTHER'S MAIDEN N	AME	
		unknown		unkno	wn.	
	75		16. SOCIAL SECURITY NO 17.	NFORMANT	Address	
	{re	No large give war or oates at service)	218-01-4688 Ja	mens E. Skil	es - 181 Carrol	1 Rd. Pasadena
		)B. CAUSE OF DEATH (Enter only one cause per line PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)		/lent.	-Jani.	INTERVAL BETWEEN ONSET AND DEATH
		10 - I DUE TO	77	1 - 7		
		Conditions, if any, which gave (b)	accommon	ELSEZ TO 1	The service C	
		stoting the underlying cause DUE TO last. (c)	En among	1 Jung.	princing.	
2	ATION	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITÍON GIVEN IN PART I(0)	19. WAS AUTOPSY PERFORMED? YES NO
	CERTIFICATION	20₀. ACCIDENT WAS UNDERLYING ☐ 20b OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in I	Port I or Port II of Item 18.)	
	<b>EDICAL</b>	Hour a.m.		CE OF INJURY (Hame, farm ary, street, affice bldg., etc.)		(County) (State)
		21. I certify that (I) (this haspital) at saw the deceased alive an	tended the deceased fram_<	t death accurred at	967 to 10/20 2011 M from couses on	, 19 <u>47</u> , that (I) (we) la
		22a. SIGNATURE ?	1 / 1		,	22b. DATE SIGNED
		Gentlerno	V- of ansus -m	D. PHYS.	MED. DIRECTOR PHYS.	
i		22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS		
	230	BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City or Town	) (County) (State)
0		Burial Oct. 23.196	7 Meadow Ridge	Cemetery	Balltimore,	Maryland
1		. FUNERAL DIRECTOR	ADDRESS	25a PECD	BY 2 EGISTRAP 967 25b ASS	TRAR'S SIGNATURE
7	0	Heorge J. /Gonce, 4001 R	itchie Hgwy.,Bal	timore DATE	1 20 1001	1

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely willed in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. at Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician. VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY ANNE ARUNDEL HOWARD COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town)
GEO G MEADE, MARYLAND DOA SIMPSONSVILLE, MARYLAND d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS (Wesleigh ON A FARM? KIMBROUGH ARMY HOSPITAL YES NO X 20 WESLIGH 3 NAME OF First DATE Last DECEASED (Type or pnnt) GEORGE EDWARD SLADE OCTOBER 19 67 DEATH 7 MARRIED X IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 8 DATE OF BIRTH 9 AGE (In years **NEVER MARRIED** lost birthday) Months Hours CAU 28 JUL 08 MALE WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT CIV SERVICE COUNTRY? CHICAGO, ILL USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CLINTON A. SLADE JESSIE RAEGOR IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 20 WESLIGH PRIVE (Yes, na, or unknown) (If yes give war at dates of service) YES 386-07-6699 ERMA SLADE(W) SIMPSONSVILLE, MD. 940-JAN 61 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY.

Probable My NTERVAL BETWEEN ONSET AND DEATH Probable Myocardial Infarction IMMEDIATE CAUSE (a) DUE TO 15-20 Min Canditions, if any, which gave (b) rise ta immediate couse (a), DUE TO stating the underlying cause 19 WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? NO 20g ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c TIME OF INJURY Manth, Day, Year (City or town) (County) (State) factory, street, affice bldg , etc.) Haur am. Nat While at wark 21. I certify that XIX kitix toxplant alreadest the deceased Kidox WAS DOA JØx: XX 20 OCT . 1967., that discount dest and that death accurred at 10:20M, fram causes and an the date stated above. X DAY HOLY DECK OF OR OTHER ON 22o. (SIGNATURE 22b. DATE SIGNED MED ATTENDING 20 October 1967 22d ADDRESS 22c PHYSICIAN'S NAME (Type) DAVID P. MOHR, CPT, MC Kimbrough Army Hospital Ft GeoG. Meade, Md

within 24 hours after death requires that the death certificate be executed OR ATTENDING PHYSICIAN: O HOSPITAL TO FUNERAL VR A15 (4)

23a BURIAL, CREMATION,

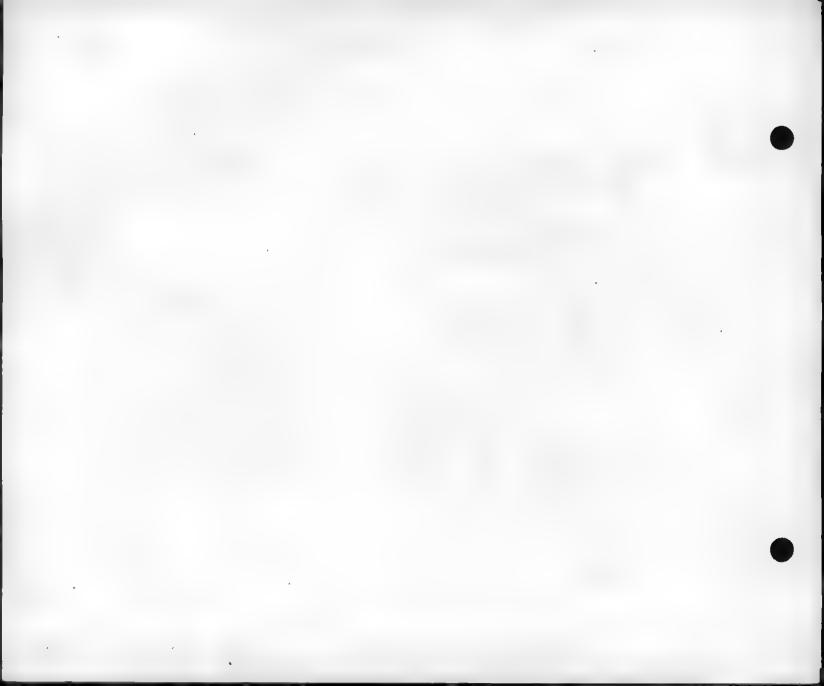
23b DATE THEREOF

PIMOVAL (Specify) Arlington National 2So REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb REGISTRAR'S SIGNATURE Harry H. Witzke, 321 Columbia Pike, Ellicott Citypate OCT 2 3 Mary Land

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION (City or Town)

Virginia



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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and carroletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carron papers. Pages 1 and 2 and 2 should be filed with the State Dept. of Health prarta burial, crematian, or removal, and in any event, within 72 hours after death.

10 HOSMITAL OR ATTINDING MIYSICIAM: The Liw requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Y.			CERTIFICA	AIL	OF DEATH			- K	335.	3
In	PLACE OF DEATH o. COUNTY	Anne Arundel	MARYLAN		o STATE Mary	land	b. COUN	TY	-	Ü
	write RURAL and	outside corporate limits, give negresi Two	4 years	1	a city or town (if od altim	,	mits, write RUR	At and give r	reorest for	wn)
		OR INSTITUTION (If not in hospitol, lle State Hosp			d STREET ADDRESS 1821 H	ope St	reet		e IS ON YES	RESIDENCE N A FARM?
	NAME OF DECEASED (Type or print)	First Charles_	Middle Edward		lost Smith	4 DATE OF DEATH	Month		Doy 9	Year 19 <b>6 7</b>
	Male Male	6. COLOR OR RACE 7 MARRIED WIDOWED	DIVORCED		1905 (3-	15)	GE (In years ost byrthday) 62 yrs		Doys Ho	JNDER 24 HRS ours Min
d	ugna most of working th	Give kind of work done 10b te even if retired	KIND OF BUSINESS OR INDUSTRY		11 BIRTHPLACE (County  Marylan	d	n country)		EN OF WH	JAT
ı	Vincent				14. MOTHER'S MAIDEN I	NAME				
	(Yes, og, or unknown)	If yes give war or dates of service)	SOCIAL SECURITY NO		FORMANT Spital Rec	ords, (	Addre: Crownsv		Maly.	land
	PART I DEATI	which gove (b) (b)	or (o), (b), ond (c)) Bronchapneur	non	ia					AL BETWEEN AND DEATH
NO	stoting the underlost.  PART II. OTHER SIG	(c)		) TO T	HE TERMINAL DISEASE CO.	NDITION GIVEN I	N PART 1(0)		19 WA!	S AUTOPSY FORMED?
CENTIFICATION	OR CONTRIBUTING D	☐ CAUSE OF DEATH	ome Describe how injury occur	RRED (	enter nature of injury in	Port 1 or Port II	of item 18)		YES [	ио [
HEDICAL	p.m	19 Whi	le Not While at work	facto	E OF INJURY (Home, form ry, street, office bldg., etc.)		Cty or town)	(Caun		(State)
	saw the de	y that (+) (this haspital) atte ceased alige on 10/9/	nded the deceased fro 19 <mark>67</mark> , and	m_±. that	death occurred at	963 <sub>, to</sub> ] <b>8:40</b> M, f		and an the	date st	(†) (we) las tated abave
	220 SIGNATURE	Muuleth	} •'	M.D	ATTENDING PHYS	MED DIRECTOR	STAFF PHYS	22b DAT	E 5 GNED 10/67	7
-	22c. PHYSICIAN'S NAME (Type)	L. Bendict, M.		-	22d ADDRESS Crownsv					
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	24 FUNERAL DIRECTOR	I Mht ames o	ADDRESS /7	357	//	CT 1 3	1967 REC	SISTRAR S SIG		noge

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13354

CERTIFICATE OF DEATH

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funerol funerol for death		Anne Arundel Maryland 6. COUNTY Anne Arundel
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ours afte by the f Pages iours afte		Annapolis Davidsonville
4 12 24		NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)  d. STREET ADDRESS  e. IS RESIDENCE
filled in paper thin 72		Anne Arundel General Hospital Box 102, Rt. #1
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(Fig. 1) Series		DEFEACED
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that the deoth on. by the attendin ransit permit. cremation, or re		1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  INTERVAL BETWEEN
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The ratte e hose ouse ouse outh	80	PERFORMED?
	CERTIFICATION	YES NO X
fice fire	E	206 ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of Item 18.)  OR CONTRIBUTING CAUSE OF DEATH
hospii s certi oched		(IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSICIAN e hospital e h.s certificol stoched far Dept. of He	MEDICAL	20t TIME OF INJURY Month, Day, Year 20d INJURY OCCLRRED 20e PLACE OF INJURY (home, form 20f (City or fown) (County) (State)
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ATTENDIN stained by CTOR: Afte should be ith the Sta		saw the deceased alive an
Tie of the		220 SIGNATURE 22b DATE SIGNED
~ ~ ~		ATTENDING OF MED STAFF
DIRE DIRE		22c, PHYS, CIAN 5 22d ADDRESS
moy be RAL DII		NAME(Type) Aris T. Allen, M.D. 62 Cathedral Street, Annapolis
25 4 15 15 V		
Poge direct	230	BUR AL, CREMATION, 23b DATE THEREOF 23, NAME OF CEMETERY OR CREMATORY 23t LOCATION (City or Town) (County) .)(Store)
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VR A15 (4)	24	FUNERAL DIRECTOR 250 REC D BY REG STRAR 256 REGISTRARS S GNATURE
25M 1/67	1/1	11 Viam Kelsett (May VIA. DATOGT 9 Bot Schanles Judge

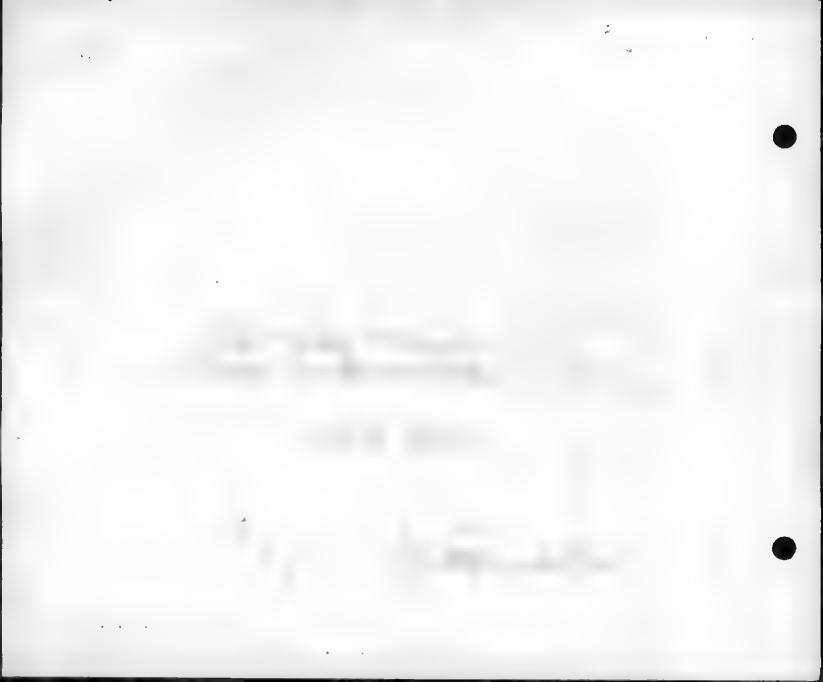


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. The low requires that the death certificate be executed within 24 hours ofter death funeral 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COMMY O STALE aften MARYLAND by the f c CXY OR JOWN (If outside corporate limits, write) RURAL and give nearest town) c. LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits, ed in by the spers. Page 72 hours write RURAL and give nearest town) IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) STREET ADDRESS YES NO D buriol-transit permit. Then please remave/cochan buriol, cremation, or removal, and in any event, with 3. NAME OF Middle Lost DATE Month Doy DECEASED OF DEATH (Type or print) IF UNDER 1 YEAR S. SEX COLOR OR RACE 7 MARRIED DATE OF BIRTH AGE (In years **NEVER MARRIED** lost\_birthdoy) Months Hours WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY 13 FATHER'S NAME 14- MOTHER'S MAIDEN NAME 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or or indiam) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO 17 INFORMAN' Address 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSETT AND DEATH Leukemia IMMEDIATE CAUSE (o) 16 mo. DUE TO Anemia, severe Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying cause hos been be detached far use as the State Dept. af Health prior to M lost. (c) 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Diabetes Mellitus NO 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port L or Port II of item 18.) 20o ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c, TIME OF INJURY Month, Day, Year Hour 'o.m. foctory, street, office bldg , etc ) Not While of work at wark TO FUNERAL DIRECTOR: After 19 64 to Oct. 21. I certify that (1) (this haspital) attended the deceased from 19 6 7, that (1) director, page 3 should should be filed with the , and that death accurred at 1:30M, from causes and on the date stated above saw the deceased glive on Oat 220 SIGNATURE 22b. DATE SIGNED AM ATTENDING STAFF Ummo M.D DIRECTOR 11 - 1 - 67ADDRESS verna Park, 22c. PHYSICJAN'S Francis Codd M.D. Maryland NAME (Type) 23c NAME OF CEMETERY OR CREMATORY) LOCKTION (City of Town) 230 SURIAL, CREMATION, SEMOVAL (Specify) 23b DATE THEREOF (County) (Stote) 24. FUNERAL DIRECTO 2So REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNAT VR A15 (4) 25M 1/67





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13355 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY Anne Arundel Malvland Anne Arundel ours after MARYLAND c CITY OR TOWN (If gutside corparate limits, write RURAL and give nearest town) requires that the death certificate be executed within 24 hours aft b. CITY OR TOWN (If autside carporate limits, c LENGTH OF STAY IN 1b write RURAL and give nearest town)
Glen Burnie Glen Burnie d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) d STREET ADDRESS ON A FARM? leyely filled Notth Arundel Hospital Rt.1.Box 144 B YES NO T 3 NAME OF 4. DATE Middle Last Manth Day Year DECEASED 167 Walter Solley 10 (Type or print) DEATH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED F **NEVER MARRIED** remove last birthday) Manths Days Haurs ond in ony WIDOWED DIVORCED 2-13-02 White Male 10a USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during mast af warking life, even if retired) Sollev Store physicion Anne Arundel, Maryland U.S. 14. MOTHER'S MAIDEN NAME 13 FATHER 5 NAME buriol, cremation, ar removal. (unknown) Sollev Lilley E. (unknown) 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO permit. (Yes, no, or unknown) (If yes give war ar dates af service) 212-16-5062A Patient's Char INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), signed by the burnol-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Cand trans, if any, which gave rise to immediate cause (a). DUF TO stating the underlying cause Page 4 may be retained by the hospital or ottending hos been the PHYSICIAN: The low last. 00 19. WAS AUTOPSY PART IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO certificote 20g ACCIDENT WAS UNDERLYING ... 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (State) 20c. TIME OF INJURY Month, Day, Year (County) Hour a.m. factory, street, affice bldg, etc.) Not While at wark 21. 1 certify that (1) (this hospital) attended the deceased fram. 1966, to 1957, that (1) (Ne) last O FUNERAL DIRECTOR: A director, page 3 should should be filed with the 1967, and that death accurred at 1552M, fram causes and an the date stated above. saw the deceased alive an. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS M.D DIRECTOR PHYS. 22c. PHYSICIAN 22d ADDRESS NAME (Type) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION, (County) Burial Specify) 10/6/67 Cedar Hill Cemeterv Brooklyn R. F.D. Maryland 2Sa. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Singleton Funeral Home/Blen Burnie, Md. 1967



**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely Affled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carborh pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, or remayal, and in any event, within 72 bours after detth-

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dilath certificate be emisured within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

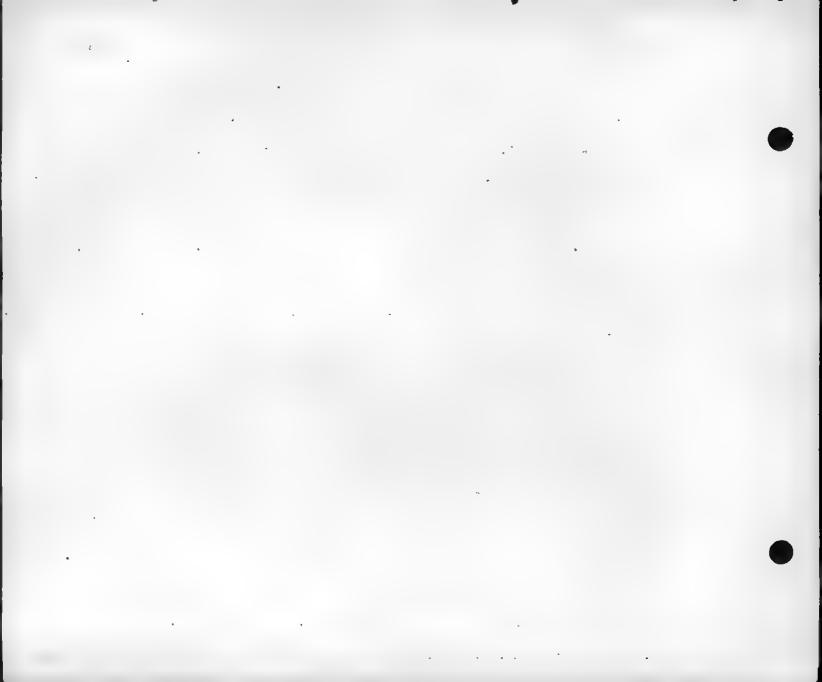
CERTIFICATE OF DEATH

13358

	CERTIFICATI	L OI DEATH
f	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission)
	a COUNTY HANDE ARUNDEL MARYLAND	a. STATE b. COUNTY 11
	b (ITY OR TOWN (f outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give negrest town)	c. CITY OR TOWN (IF outside corparate limits, write RURA, and give nearest tawn)
	HNNAPOLIS	AARMONS
	d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital give street address)	d STREET ADDRESS  e IS RESIDENCE ON A FARM?
	HNNE ARUNDEL GENERAL	HARMONS ROAD VES NO D
3	NAME OF First Middle	Lost 4. DATE Month Doy Year
-	(Type or punt) SPENCER, GILBERT	NMN DEATH OCT 19 19 6/
3	11.1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 27 19 20 last birthday) Months Days Haurs Min
10	TO USUAL OCCUPATION (Give kind of work done   FOB KIND OF BUSINESS OR	11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT
du	uin most of working life, even if refired)  TRUCK DRIVED  FREE STATE STONE C	(O. MTDV)
13	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Edward SPENCER	MARY VAUGHERY
1!	for no or inknown). (If we awe war or dates of secure)	INFORMANT Address HARMON'S RC
Ĺ	No 1217-03-3163 M	MRS. ELIZABIETS SPENCER HARMONS, MId
	B CAUSE OF DEATH (Enter only one couse per ne for (a), (b) and (c) ) PART 1, DEATH WAS CAUSED BY:	NTERVAL BETWEEN ONSEY AND DEATH
	IMMEDIATE CAUSE (o)	ronc Loganic / months
	Conditions, if any, which gave }	
	rise to immediate cause (a), ( put to	
	stoting the underlying couse (c)	
	PART II OTHER S CHIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	
ATIO	Direct extension of carcinoma to	aorta, left atrium, pulm, vessels YES NO [
CERTIFICATION	200 ACCIDENT WAS UNDERLYING ☐ 206 DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Part I of Part I of Term 1B)
	OR CONTRIBUTING CO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
WEDICAL	20c TIME OF INJURY Manth, Doy, Yeor 20d INJURY OCCURRED 20e PL. Hour a.m. While Not While for	ACE OF INJURY (Home form 201 (City or town) (County) (State) (ctary, street, affice bldg., etc.)
×	pm. 17 at wark L at wark L .	
	21. I certify that (I) (this haspital) attended the deceased fram	15 Apr , 1967 1650 dober , 1967, that (1) (we) last
	saw the deceased alive an 17 02 19 1, and the	at death accurred at 5:450 M, fram causes and an the date stated above.
	1 / / // // // / / / / / / / / / / / /	ATTENDING MED. STAFF 15 Oct 67
	22c. PHYSICIAN'S	22d. ADDRESS 2-14-0/
	NAME(Type) CHARLES W. KINZER	16 MURRAY AVE., ANNAPOLIS, MD 2003
23	BO BURIAL, CREMATION, 23b DAJE THEREOF 23c NAME OF CEMETERY OR REMOVAL (Specify)	
	BURIAL 10/19/6/ F-HMINY	
	AFRAGO FINITED 3035 IN MAST	250 RECD BY REGISTRAR 256 REGISTRAR'S SIGNATURE
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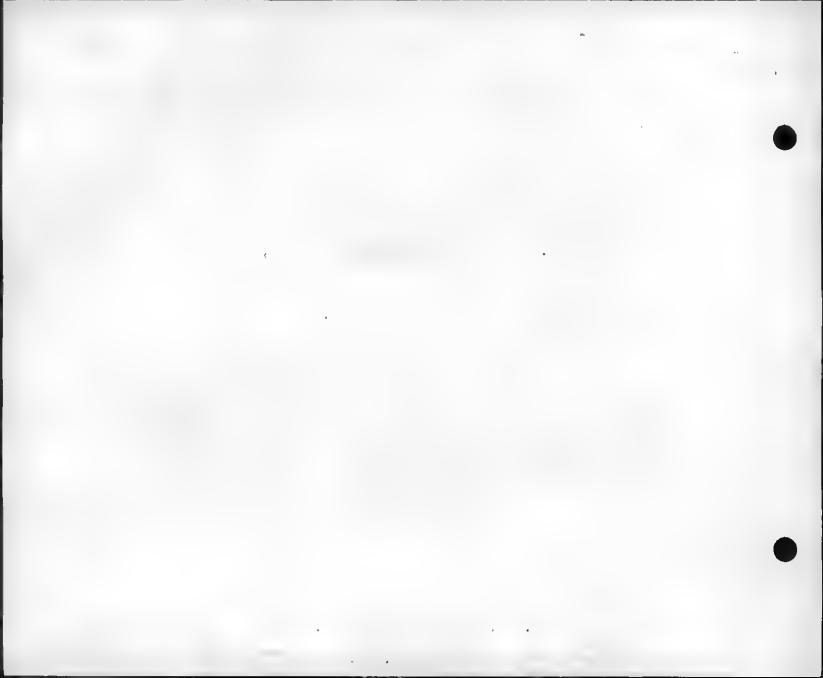
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) I. PLACE OF DEATH 1. and b. COUNTY o. COUNTY o. STATE Anne Arundel Maryland Anne Arundel MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give negrest fown)
Annapolis c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis RURAL d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e 15 RESIDENC papers. ON A FARM? Anne Arundel General Hospital NO X YES Rt. I, Box NAME OF DATE Year Eirst and campletery remave carboa DECEASED Eddy (Type or print) John STEVENS DEATH and in any event, October IF UNDER 24 HRS 6 COLOR OR RACE AGE (In years IF JNDER YEAR 7 MARRIED NEVER MARRIED lost birthdoy) Months Hours July 29,1897 WIDOWED DIVORCED White and 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired)
BLACKSKI 1TH INDUSTRY COUNTRY? leose Maryland Maryland METAL 13. FATHER'S NAME remayal. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) 00 bur al, crematian, INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for buriel-fransit PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 10 4 X DUE TO signed l Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse as the be retained by the haspital or attending this certificate has been 19 WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Dept. af Health NO 5 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of njury in Port | or Port 11 of item 18) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF NJURY (Home form. 20c T ME OF NJJRY Month, Dov. Year 20d INJURY OCCURRED (City or town) (County) (Stote) Hour om Not While foctory, street, office b dg , etc ) While of work L ot work 21. I certify that (1) (this design at attended the deceased from 1965 5 and that death accurred at M, fram causes and an fhe date stated above. TO FUNERAL DIRECTOR: saw the deceased alive on 220 SIGNATURE DATE & GNED 22b. DIRECTOR ed director, page shauld be filed 22c PHYSICIAN Page 4 may NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23o. BURIAL CREMATION (County) (State) DAVIDSON VILLE PALTHODIST 250 REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 25M 1/67

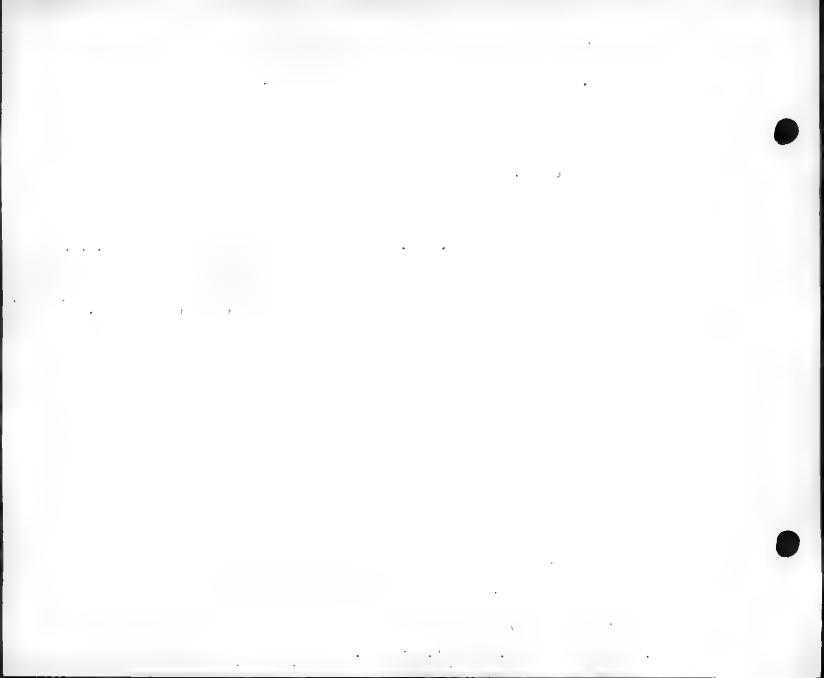


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13361 CERTIFICATE OF DEATH **ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o, COUNTY MARYIAND b CITY OR TOWN (If outside corporate limits C LENGTH OF STAY IN 16 CITY OR TOWN (If outside apporate limits, write RURAL and give nearest town) write RURAL onprogive neorest town BURNIE ely filled in b barr papers. within 72 ho d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? DOX 20-A NIEL carban NAME OF 4 DATE Month Dov campletely DECEASED MORRIS OF DEATH 10 event. (Type or pnnt) S. SEX 9 AGE (In years 6 COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR last birthdoy) Months Dovs Hours WH. and in any WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? Self - Employed Severn, Maryland
14 MOTHER'S MAIDEN NAME Farmer (Ret. 11 5 A 13. FATHER S NAME crematian, ar removal Nichalos Stinchcomb Vertie Griffith attending permit. The IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) Alma Stinchcomb (wife) None Mrs. Same as 18 CAUSE OF DEATH (Enter only one couse per tine for (a), (b), INTERVAL BETWEEN burial-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) ģ DUE TO signed Conditions, if any, which gave rise to immediate couse (a). DUE TO stoting the underlying couse affending as the has been 4612 ast PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO TERMINAL D SEASE CONDITION GIVEN IN PART 1(0) WAS ALTOPSY PERFORMED? State Dept. of Health NO the haspital or certificate far 200 ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 1 of item 18) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d INITIRY OCCURRED 20e. PLACE OF NJURY (Home, form, (C'y or town) (County) (Stote) SE SE Hour To.m. foctory, street, office bldg., etc.) Not While at work 21. I certify that (I) (this haspital) attended the deceased fram O FUNERAL DIRECTOR: A be retained saw the deceased alive an 196 and that death accurred at\_ M. from causes and an the date stated above 22o. SIGNATURE 226 DATESIGNED directar, page 3 should be filed v PHYS DIRECTOR 22c PHYSICIAN'S NAME (Type) 230. BURIAL, CREMATION, 23b. DATE THEREO 23d. LOCATION (City or Town) REMOVAL (Specify) Glen Haven Mem. Park Buria 23.1967 Glen Aurnie. Maryland Singleton Füneral Home VR A15 (4) 25M 1/67 Glen Burnie, Md



Division of STATISTICAL RESEARCH AND RECORDS PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH PLACE OF DEATH I USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY 0 Poge b CITY OR TOWN (If outside corporate I mits, C LENGTH OF STAY IN 16 c CIY OR TOWN (If outside corporate mits, write RURAL and give nearest fown) write RURAL and give nearest town) Ballmare - mod EN BURNIE a NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARM? DO.A - NORIB. ARUNDEL-HOSP 36 Rone Poges State after deoth 3. NAME OF 4 DATE Albert L. stone DECEASED OF DEATH STONE 1967 (Type or print) S SEX B DATE OF BIRTH F UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 9 AGE (In years 7 MARR ED NEVER MARRIED Jast birthday) 10 12-38 WIDOWED 100 JSUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) Auto. Mfg. COUNTRY? North Carolina ΩUÝ 13. FATHER'S NAME 14. MOTHER'S MAJDEN NAME exacuted within in pend Lonnie Stone Viola Stone 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes give wor or dates of service)
Unkkown 17 INFORMANT 16. SOCIAL SECURITY NO Address "pending" or removal Biggs Funeral Home Lumberton, N. C. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) buriol-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE to) should pleose execute the certificate, writing the word burial, cremation, DUE TO Conditions, if ony, which gove rise to immediate couse (o), should be forwarded to DUE TO This certificate stoting the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS) PERFORMED? YES NO Health or its designated agent, prior to 200 EXTERMAL CAUSE WAS PRIMARY OF OF CONTR BJT NG ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of musy in Port I or Port II of tem 18) 20c TiME OF NURY Month, Day Year 20e PLACE OF NJURY (Home form (City or town) (County) (Stote) foctory\_street, office bidg , etc.) moy be retained for your FUNERAL DIRECTOR: Poge of work Not While of work 2) I certify that I took charge of the remains described above held on Autopsy Inspection and in my opinian the funeral director. death resulted from: Natural causes ... Accident Su cide Hamic de Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 230 BUR AL, CREMATION 23d LOCATION (City or Town) (County) 90 REMOVAL (Specify) LumbertonNorth Carolina 10/9/67 Remova 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15ME (5) Wm. Cook-Brooks, Inc. 1217 St. Paul St. 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



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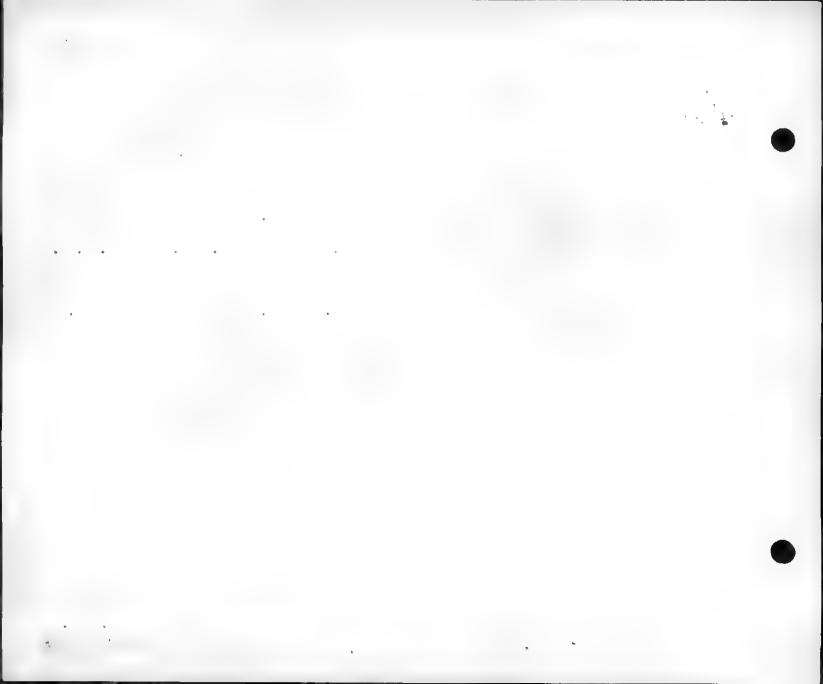
TO HOSPITAL OR ATTENDING PHYSICIAN: The tow requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or ottending physician.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon appears should be filed with the State Dept. of Health prior to burial, cremotion, or remavol, and in any evect, within 72 his

	1036	1		CERTIF	ICATE	OF DEATH			14	3364	
Ī	PLACE OF DEATH o. COUNTY	Anne Arunde	el	MARY	LAND	2 USUAL RESIDENCE (	Where deceased	lived, if instituti b. COUN	ITV .	efore odmissione Arui	
		(if outside corporate limit id give nearest tawn) GLEN BURNI		c LENGTH OF STAY II	N }b	c CITY OR TOWN (If or			RAL and give ne	orest town)	/
	d NAME OF HOSPI	TAL OR INSTITUTION (If no	at in hospital, giv	e street oddress)		d STREET ADDRESS				e IS RESII On A F	
		th Arundel				119 Can	_		21225	1	NO 🗌
3	NAME OF DECEASED (Type or print)	Joshu	rst <b>a.</b>	Middle Thomas	T	ayman	4. DATE OF DEATH	Octobe	er l		67
S	SEX	6. COLOR OR RACE	7. MARRIED D	NEVER MARRIED		DATE OF BIRTH	9 /	GE (In years	Months Do	AR IF UNDER	R 24 HRS
	l'iale	White	WIDOWED	DIVORCED				8 prehdoy)			Int.
d H	00. USUAL OCCUPATIO pring most of working etired Co	N (Give kind of work done g life, even if retired) onductor	B &c	o of Business or USIRY O Railroa	d Co.	Baltimor		n country) Md.	12 CITIZE COUNT		_
Ī	3. FATHER'S NAME					14 MOTHER'S MAIDEN	NAME				
		John T. Ta				Miranda Ch	aney				
	S WAS DECEASED EV Yes, no, or unknown)	ER IN U.S. ARMED FORCES? (If yes give wor or dotes of	of service)	CIAL SECURITY NO		IFORMANT		Addre	-		
	No		1		Mrs	B. Dena H.	Tayman	119 Ca	mroseA		
	PART 1. OEA Conditions, if ony		(0)	o), (b), and (c).)	4500	a click m	/sich.	۷		INTERVAL BET ONSET AND D	
	rise to immedio stoting the unde last.		(c)								
NOITY.	PART II. OTHER S	IGNIFICANT CONDITIONS C	ONTRIBUTING TO	DEATH BUT NOT RELA	ATED TO TE	HE TERMINAL DISEASE CO	ND TION GIVEN I	IN PART 1(o)		PERFORM YES	OPSY NO
CEPTIERCATION		AS UNDERLYING  GCAUSE OF OEATH MEDICAL EXAMINER)	20b DESC	RIBE HOW INJURY OC	CURRED. (	Enter nature of injury in	Port 1 or Port II	of item 18)			
MENICAL	20c. TIME OF INJ Hour o.	URY Month, Day, Year .m. .m 19	20d INS While at work	URY OCCURRED Not While of work		E OF INJURY (Home, forn ry, street, office bldg., etc.		City or town)	(County	) .	(State)
	21. I certify that (I) (this haspital) attended the deceased fram Certify, 1956, to Sept 13, 1967, that (I) (we) las saw the deceased alive an 9-131967, and that ceath accurred at M, fram causes and an the date stated above										
	220 SIGNATURE		- Bec	je	M.D	ATTENDING PHYS	MED DIRECTOR	STAFF PHYS	22b DATE !	-/7-	67
	22c. PHYSICIAN'S NAME (Type	EUGENI	E 5c	HNITZE	ER, MI	22d ADORESS 3904	5,1	YANO	Ver S	4,	
	30 BURIAL (REMATI REMOVAL (Specif Buria)	10/19/		23c NAME OF CEME			Anne	TION (City or Too	, ,	unty) (S Md.	itote)
	24. FUNERAL DIRECTO			atapsco A	ve. 2		1 9 19	_ 4.0/	GISTRAR'S SIGN	TURE CAR	•



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### ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH SI EI 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY e. STATE b. COUNTY MARYLAND MARYLAND nne Hellnere b. CITY OR TOWN (if outside corporate limits. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give negrest town) write RURAL and give neerest town) 3/0 YEUERNA d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS . IS RESIDENCE ON A FARM? YES -NO F NAME OF 4. DATE Yeer Month Day DECEASED OF (Type or print) DRENCE DEATH 190 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE Its years HF UNDER I YEAR IF UNDER 24 HRS. test birthday) Months 0eys Hours WIDOWED DIVORCED IN 10e. USUAL QCQUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) -11 12. CITIZEN OF WHAT COUNTRY? done during roos of working tife, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) : (If yes give we ror detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) 161 2 DUE TO Conditions, if env. which gave rise to Immediate cause **DUE TO** (e), stating the underlying couse lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. CERTIFICATION WAS AUTOPSY PERFORMED? NO F 200. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF GEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 1 20f. (City or town) Month, Day, Year (County) (State) fectory, street, office bldg., etc.) While Not While Hour a.m et work et work 19 16 196 . ..., 19.(a...) that (I) (we) last 204M, from the causes and on the date stated above. saw the deceased alive on..... ..19 2... and that death occurred at/ 22e. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. DIRECTOR M.D 22c. PHYSICIAN'S ADDRESS 22d. NAME (Type) /

23e. BUNIAL CREMATION, 1226, DATE THEREO 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, REMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE REQ'D BY ADDRESS 25b. REGISTRAR'S SIGNATURE 25e.

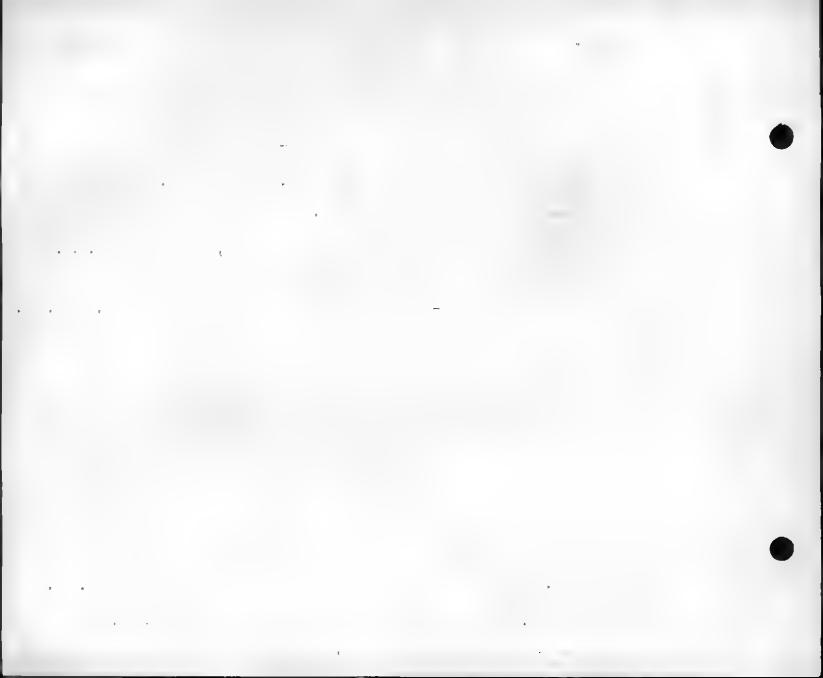
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1330	) &	CER	TIFICATE	OF DEATH		13;	366		
PLACE OF DEATH o. COUNTY	Amne Armidel		MARYLAND	n STATE	Where deceases lived, if institution b. Co.				
b. CITY OR TOWN write RURAL of	(If autside corporate limits, nd eve nearest town)	c length of 20 yr		c CITY OR TOWN (If as	itside carparate limits, write R	URAL and give nears	est tawn)		
	TAL OR INSTITUTION (If not in 5th Street	haspital, give street addres	s)	d STREET ADDRESS 513 - 5th	Street		ON A FARMS.  YES NO STATE OF THE STATE OF TH		
3 NAME OF DECEASED (Type or pnnt)	PRESTON First	RAND Midd	e VAUI	S ST.	4 DATE Mo OF DEATH Oct.	ntn Do	y Year 19 <b>67</b>		
s. sex Male		MARRIED NEVER MU WIDOWED XX DIV		DATE OF BIRTH	9. AGE (In years	Months Doys			
during most of workin	ON (Give kind af wark dane g life, even if retired) Minister	IDb. KIND OF BUSINESS INDUSTRY		Fishersvi	8 State, or foreign country) .lle, Virgini:	12 CITEZEN C COUNTRY U.S	?		
13. FATHER'S NAME  J	eseph B. Vaul	.8		14. MOTHER'S MAIDEN I					
(Yes, no or unknown)	/ER IN U.S. ARMED FORCES?   (If yes give wor or dates of se	16. SOCIAL SECURITY 218-14-31		nformant endell R.O.	Vauls-513 - 5	ress 5th St. Ar	nna. Md.		
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Conditions, if on rise to immedia stating the und last.	ite cause (a), (								
PART IL OTHER !	SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NO	OT RELATED TO THE	HE TERMINAL DISEASE CON	NDITION GIVEN IN PART 1(a)		PERFORMED? YES NO		
OR CONTRIBUTION	AS UNDERLYING   G  CAUSE OF DEATH Y MEDICAL EXAMINER)	20b DESCRIBE HOW INJU	JRY OCCURRED. (	Enter nature of injury in	Part I or Part II of Item IB)				
를 Hour a	JURY Manth, Day, Year m m. 19	2Dd INJURY OCCURRED While Not While at work		F OF INJURY (Hame, farm rry, street, affice bldg, etc.)		(County)	(State)		
saw the c	21. I certify that (I) (this haspital) attended the deceased fram /, 19, ta, 19, that (I) (we) less with deceased alive an, 19, and that death accurred at, M, fram causes and an the date stated about								
6	220 SIGNATURE M.D. ATTENDING MED STAFF 1 226 DATE SIGNED 10-1-9-6-7								
22c PHYSICIAN NAME (Typ		<u> </u>		22d ADDRESS	athedral Stre	et Anna.	Md.		
23a BJRIAL, CREMAT REMOVAL (Speci			CEMETERY OR C	REMATORY	Annapelis	,	y) (State)		
24. FUNERAL DIRECT	OR C. E. Hieke	ADDRES		2Sa RECT	DBY REG STRAR 2Sb I	REGISTRAR'S SIGNATU			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician ond completely filled in director, page 3 should be detached for use as the buriol-tronsit permit. Then please remove corbon pages should be filed with the State Dept. of Health prior to buriol, cremotion, or removol, and in ony event, within 72 h Page 4 may be retained by the hospital or attending physicion.

VR A15 (III) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) 1. PLACE OF DEATH o. COUNTY Maryland Anne Arundel MARYLAND b CITY OR TOWN (if outside corporate limits write RURAL and give nearest tawn) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 26, Md. 21226 Rural Baltimore Md. Burn d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS ON A FARM? the deoth certificate be executed within 24 North Arundel Hospital 7205 Ft. Smallwood Road YES NO DO 3. NAME OF 4. DATE Year DECEASED (Type or print) Wallis 19 6 event. Joseph DEATH S. SEX IF JNDER 1 YEAR 6. COLOR OR RACE 8. DATE OF BIRTH 9 AGE (In years IF UNDER 24 HRS 7. MARRIED F **NEVER MARRIED** lost birthdoy) Months ond in any WIDOWED DIVORCED 10-3-10 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CIT ZEN OF WHAT COUNTRY? during most of working the every retired) New York 13. FATHER S. MAMI 14. MOTHER SIMAIDEN NAME physi burial, cremation, or removal, 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, ng, or,unknown) [If yes give wor or dates of service] 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-tronsit ONSET AND DEATH PART I DEATH WAS CAUSED BY: INTRA-CEREBRAL HEMORPHAGES IMMEDIATE CAUSE (o) DISTRUCTION DUE TO Conditions, if only which gove HUDERTENSION (CLINICAL rise to immediate cause (a) **DUE TO** stoting the underlying couse os the ARTERIOLONE PHROSCLEROSIS lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) GEN. ARTERIOSCLEROSIS! OLD + RECENT MYOCARDIAL INTARYS I 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW NURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INTURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home form. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. **Not While** O FUNERAL DIRECTOR: After If certify that (1) (this haspital) attended the deseased fram. director, page 3 should should be filed with the and that death accurred at 3 ?...M, fram causes and an the date stated above. saw he deceased alive an 220. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR M.D. 22c PHYSICIAN'S 23c. BURIAL, CREMATION, NAME OF CEMETERY OF CREMATORY



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13365 CERTIFICATE OF DEATH 1. PLACE OF DEATH . USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) e. COUNTY b COUNTY hours after MARYLAND **ATTENDING PHYSICIAN:** The low requires that the deoth certificate be executed within 24 hours after b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and aive nearest town) e IS RES DENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS NO NAME OF DATE Fish Month Year DECEASED (Type or print) 1967 ond in ony event, DEATH complet è SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RAPE DATE OF BIRTH AGE (In years 7 MARRIED remove lost birthday) Months Doys Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10b COUNTRY 2 during most of working life, even if retired) INDUSTRY attending physician permit. Then pleose Home maker 13 FATHER'S NAME 14. MOTHER S MAIDEN NAM! bariol, cremation, ar removal, WAS DECEASED EVER IN U.S. ARMED FORCES? AS. SOCIAL SECURITY NO. 17. INFORMÁNT SAmeas permit. (Yes, no, or unknown) [(If yes give wor or dates of service INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-tronsit p ONSET AND DEATH IMMEDIATE CAUSE (o) 10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Poge 4 may be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse director, page 3 should be detached far use as the should be filed with the State Dept. If Ill alth prior to lost. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO IO FUNERAL DIRECTOR: After this certificote 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour o.rh factory, street, office bldg., etc.) While Not While ot work at wark 21. I kertify that (1) (this hospital) attended the deceased fram allering 1915 saw the deceased alive on. M, from couses and on the date stated obove. and that death occurred of 22o. SIGNATURE 22b. DATE SIGNED M.D. PHYS DIRECTOR PHYSICIAN BURIAL CREMATION 23d LOCATION (City of Town) 23b REMOVAL (Specify) 24. FUNERAL DIRECTOR 2So. RECAD BY REGISTRAR Merrelan Judga

MARYLAND STATE DEPARTMENT OF HEALTH



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**INVSICIAN:** The lam requires that the death certificate be executed within 24 hours after death.

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13369 CERTIFICATE OF DEATH 2. USBAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY MARYLAND SHOOR TOWN (If outside corporate limits c. LENGTH OF STAY IN 16 amits, write RURAL and give neorest fown) e IS RES DENCE ON A FARM? NAME OD HOSPITAL OR JASSITUTION All ruft in hospitol, give street oddress) STREET ADDRESS YES 🗍 NO V NAME OF 4. DATE Doy Year DECEASED (Type or pont DEATH SEX DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7 MARRIED NEVER MARRIED В lost by hday) Months Hours WIDOWED 54 DIVORCED 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT INDUSTRY MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANI 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service) INTERVAL SETWEEN 1B. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) Conditions, if only, which gave it nse to immediate cause (o), **DUE TO** stoting the underlying couse 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN 20o ACCIDENT WAS UNDERLYING . 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port L or Part II of item 18.) OR CONTRIBUTING 

CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) Hour o.m. factory, street, office bldg , etc.) While Not While at work ot work 21. I certify that (I) (this haspital) attended the deceased from sow the deceased olive on and that death accurred at M, from couses and on the date stated above. 220 SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS 22c PHYSICIAN'S 22d ADDRESS NAME (Type) BURIAL CREMATION 230. 23b DATE THEREOF NAME OF CEMETERA QR, CREMATORY 23 [OIA][ON (City or Town) (County)

250. REC'D BY REGISTRAR

25b

REGISTRAR'S SIGNATU

TO FUNERAL DIRECTOR: After this certificate has been Page 4 may be retain≡d director, page shauld be filed VR A15 (4) 25M 1/67



# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH and 2 death. requires that the death certificate be executed within 24 hours ofter death PLACE OF DEATH

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TO FUNERAL DIRECTOR:

O HOSPITAL

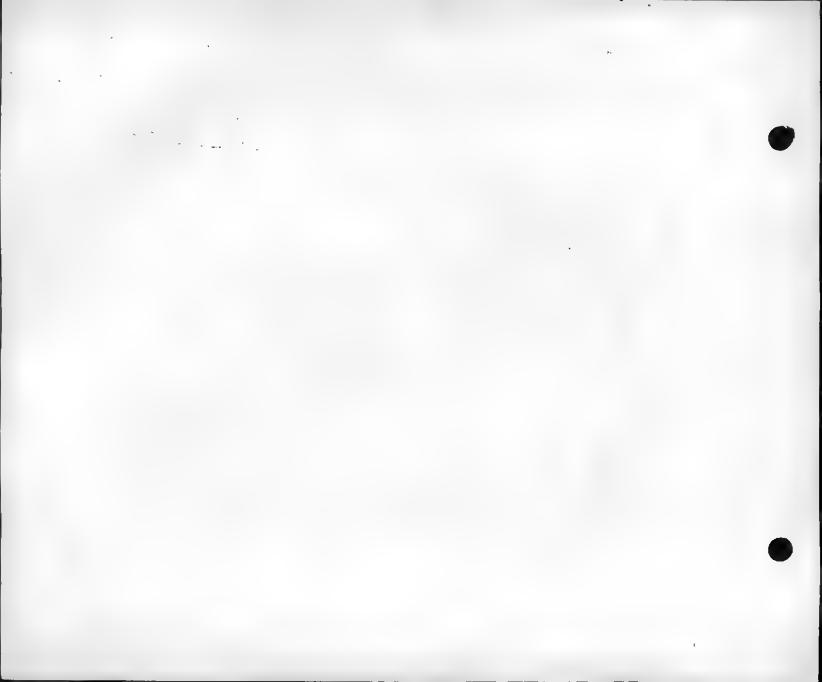
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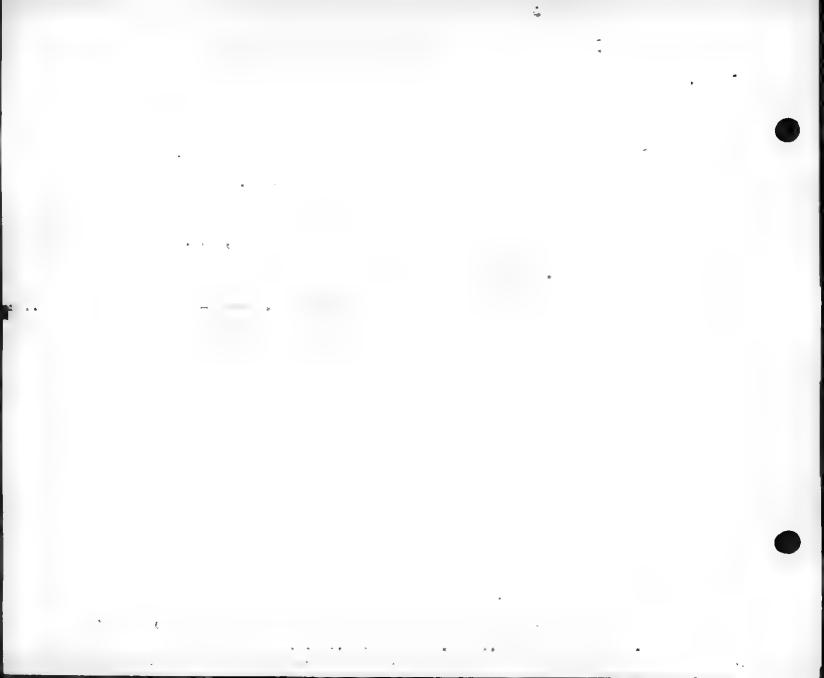
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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13370

### CERTIFICATE OF DEATH

14473

200	* 43		CERTII	FICATE	OF DEATH			4.24		4.0	
I. PLACE OF DEATH			3, ,		2. USUAL RESIDENCE (	Where decease			nce befor	e odmissio	on)
a. COUNTY	Anne Aruno	iel	MAR	RYLAND	d. STATE Mary	rland	b. COU	An An	ne A	rund	el
b. CITY OR TOWN	(If outside corporate limits,		LENGTH OF STAY	IN 1b	c, CITY OR TOWN (IF ou	rtside carparat	te limits, write RUI	RAL ond giv	e neares	1 tawn)	
Ann	and give nearest tawn)		l day		RURAL - O	denton				00	1-1
	PITAL OR INSTITUTION (If not	in haspital, give	street address)		d. STREET ADDRESS					e IS RESID	DENCE
inne Aru	ndel General	Hospita	1		RFD Box	x-372					NO [
NAME OF	Firs		Middle		Last	4. DATE	Mant	h	Day	Ye	Q1
(Type or print)	Frede	erick	(none)	Z	UKNICK	OF DEATH	Octo	ber	28	3 19	67
SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED	B. DATE OF BIRTH	9.	AGE (In years	IF UNDER		IF UNDER	
Male	White	WIDOWED	DIVORC	ED 🛣	Oct. 30, 19	909	last-birthday)	Months	Days	Haurs	Min
. USUAL OCCUPATI	ON (Give kind of wark done		OF BUSINESS OR		11. BIRTHPLACE (County	& State, or for	eign country)		TIZEN OF		-
Ind most at Maki	po life even if (effred)	Bart	Sh-Sand	Co.		M	aryland	((	U.S.		
FATHER'S NAME					14. MOTHER'S MAIDEN					- 44	
dilliam	Zuknick				Eliz	abeth	Dilge				
. WAS DECEASED I	VER IN U.S. ARMED FORCES?	16. 500	IAL SECURITY NO.	17. 1	NFORMANT	2	5 La-94	erra	Or.		
es, no, ar unknowr	(If yes give war ar dates af	Service) 215	-09-086	O Eli	zabeth Deu	ser- f	Florissa	ant .	Mo.		
18. CAUSE OF	DEATH (Enter only one caus	e per line for (a)	(b), and (c)						INT	ERVAL BET	WEEN
PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (	0 /6/	Zdos	ex						SET AND D	
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Conditions, if o		b) UNIR	nocon	4000	e subst	Coull	28/_			- (	
stating the un	derlying cause DUE 1	го									
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2Do. ACCIDENT V	VAS UNDERLYING ☐ NG ☐ CAUSE OF DEATH	20b. DESCR	IBE HOW INJURY	OCCURRED.	(Enter nature of injury in	Part 1 ar Part	t II af item 18.)				
THE CHERCE, NOTE	FY MEDICAL EXAMINER)										
	NJURY Month, Doy, Year		RY OCCURRED		CE OF INJURY (Home, farm		(City or town)	(Co	unty)	(	(State)
Haur a.m.  p.m.  19 While Not While of wark of wark of wark of wark											
21. I cer	tify that (I) (this base	attended	the deceased	fram	10/28-1	967,10	Oct.	28 , 199	07, th	at (1) (	Wey I
saw the	deceased alive an O	ct. 28	19 67.	and that	death accurred at	M	fram causes		-		laba
220. SIGNATUL	1/1/	1/1	//		ATTENDAME	1:30 T	STAFF	22b. D	ATE SIGN	ED/	
16	Melen 1	Lock	leure	M.D	D. PHYS. XX	DIRECTOR	PHYS.	101	3/	167	7
22c. PHYSICIAI NAME (Ty	, and warmen on	I. Hoch		•	22d. ADDRESS	Ave.	Annapo!	lis.	Md.		
	MANUAL MA			AFTERN 6				-			
3a. BURIAL, CREMA REMOVAL (Spec LITI EL	TION, 23b. DATE THEF		23c. NAME OF CEN				CATION (City or To		(County	,	itote)
		42 4	Trinity	Meth		BY REGISTR	Odenton,	GISTRAR'S			
24. FUNERAL DIRECTION		me/GIP	n Burni	e.Md.					-		
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and ofter deaf 72 hours director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon per should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within VR A15 (4) 25M 1/67

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